SunCountry
HEALTH REGION

Annual Report

2007-2008

Healthy
People
in Healthy
Communities

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Letter of Transmittal

June 15, 2008

The Honourable Don McMorris
Minister of Health

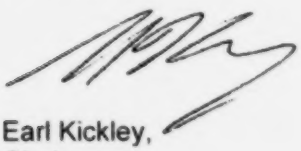
Dear Minister McMorris,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the health region with its 2007-08 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2008.

Thanks to the cooperation of the Ministry of Health, Sun Country Regional Health Authority enjoyed another very successful year. This included the grand opening of a new Renal Dialysis Unit located in St. Joseph's Hospital in Estevan.

In closing, we would like to thank the Ministry of Health for its help during this fiscal year. The Board of Directors would also like to express our gratitude to all SCRHA employees, physicians, and the employees of our affiliates for their dedication and commitment.

Respectfully submitted,



Earl Kickley,
Chairperson
Board of Directors

New Dialysis Unit opens in Sun Country Health Region

Ribbon Cutting for Dialysis Unit Grand Opening - Saskatchewan Minister of Health Don McMorris cuts the ribbon at the grand opening of Sun Country Health Region's new Renal Dialysis Unit on March 28, 2008. The Unit is a satellite of Regina General Hospital and is located in St. Joseph's Hospital in Estevan. It has the capacity to treat 12 patients. Dignitaries from left to right are Normand Poirier, Executive Director, St. Joseph's Hospital; Doreen Eagles, MLA Estevan; Earl Kickley, Chair Sun Country Regional Health Authority (SCRHA); Don McMorris; Roy Ludwig, Vice Chair, St. Joseph's Hospital; Dr. Vino Padayachee, SCRHA Chief of Staff; Dr. Cameron Wilson, Medical Director, Hemodialysis Unit at Regina General Hospital and southern satellite units, and Cal Tant, Chief Executive Officer of SCRHA.

Who We Are

The mandate of the Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. The SCRHA is accountable to the Minister of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region.

What We Do

A key role of the SCRHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. This means making sure that the organization's strategic direction is consistent with the goals of the Ministry of Health and that performance measurement processes are in place to allow the organization to know if it is meeting the expectations set out in the plan and Accountability Document.

Vision

Saskatchewan Ministry of Health's vision is

"Building a province of healthy people and healthy communities"

The Sun Country Regional Health Authority's vision is

"Healthy People in Healthy Communities"

Mission

Sun Country Regional Health Authority exists so that there will be:

- Optimum health throughout lifespan;
- Primary health care available to everyone within the Region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.

Statement of Values

- We value mutual respect, honesty and trust.
- We value openness with our community to create informed decision-making.
- We value social and ethical responsibility and accountability.
- We value privacy, confidentiality and compassionate care.
- We value a sense of ownership by those associated with the mission of the SCRHA.
- We value our staff, physicians and volunteers as our most valuable resource.

Sun Country Regional Health Authority Goals

- To provide Health Services that are reasonably accessible and available to all residents of the Region.
- To increase the awareness of the health services provided by the Region.
- To develop an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living.
- To recruit, retain and develop the Region's Human Resources.
- To provide an effective and comprehensive range of Health Services.
- To be fiscally responsible.
- To ensure regular assessment of the services provided in the Region.

Overview of Facilities and Programs

SCRHA operates 27 facilities and a large number of programs for the 53,000 people in this region:

9 Health Centres
with Long-Term Care facilities

- Bengough Health Centre
- Coronach & District Health Centre
- Fillmore Health Centre
- Gainsborough Health Centre
- Galloway Health Centre
- Lampman Health Centre
- Mainprize Manor & Health Centre
- Radville Marian Health Centre
- Wawota Memorial Health Centre

2 Community Health Centres
- Maryfield Health Centre
- Pangman Health Centre

2 District Hospitals
- St. Joseph's Hospital of Estevan & Special Care Home
- Weyburn General Hospital

3 Community Hospitals
- Arcola Health Centre
- Kipling Health Centre & Community Health Services
- Redvers Health Centre & Long Term Care Centre

7 Long Term Care Centres
- Estevan Regional Nursing Home
- Moose Mountain Lodge
- New Hope Pioneer Lodge
- Sunset Haven
- Tatagwa View
- Weyburn Special Care Home
- Willowdale Lodge

2 Community Health Services
- Carlyle Community Health
- Weyburn Community Health

1 Inpatient Mental Health Unit
- Tatagwa View

1 Seniors' Housing Facility
- Creighton Lodge

16 EMS Stations

Bengough	Fillmore	Pangman
Carlyle*	Kipling	Radville
Carnduff	Lampman	Redvers
Coronach	Maryfield	Stoughton
Estevan	Oxbow	Wawota
		Weyburn

In addition, SCRHA provides a complex array of community programs and services including:

- Acquired Brain Injury Programs
- Acute Care
- Addiction Services
- Adult Community Mental Health Services
- Alternatives to Violence Programs
- Child and Youth Mental Health Services
- Communicable Disease Control
- Community Dietitian Programs
- Dental Health Program
- Diabetes Education program
- Health Promotion
- Home Care
- Immunization Programs
- Infection Control
- Injury Prevention Program
- Inpatient Mental Health
- Long Term Care
- Meals on Wheels
- Mental Health Home Care
- Mental Health Rehabilitation Services
- Mental Health Therapies Program
- Nutrition Program
- Palliative Care Program
- Parent Program
- Physiotherapy and Occupational Therapy
- Podiatry
- Primary Health Care services
- Psychiatry
- Public Health Inspection
- Public Health Nursing
- Respite Services
- Speech Language Pathology (Child/Adult)
- Staff Physical Activity program
- Volunteer Program
- Wellness Clinics

Standards of Conduct, Ethics and Values

SCRHA operates within high standards of care, ethics and values. This high standard of care requires a continuous evaluation of programs and operations:

- SCRHA employs staff members who follow regional policies and Professional Codes of Ethics. All professional staff/physicians meet current registration guidelines with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Canadian Council on Health Services Accreditation (CCHSA) process for health services organizations by comparing ourselves to nationally accepted standards.
- SCRHA's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCRHA's management philosophy promotes collaborative decision-making and co-operation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

Risks and Challenges

SCRHA faces several key risks and challenges:

- Tobacco use - over 23 per cent of males and females are daily or occasional smokers.
- Obesity - one-third of the residents are overweight or obese and less than 50 per cent are physically active.
- An aging population and changing demographics, especially in rural areas.
- The health care work force is aging; maintaining an adequate supply of health care professionals and workers continues to be a challenge.
- The need to maintain health facilities and update technology challenges our ability to provide safe quality services.
- Operating costs continue to increase due to staff shortages (staff overtime, sick time, etc.), collective agreements, medical equipment, drug and supply costs and increases in utility costs – most are beyond our control.

Capacity to Manage Risks and Challenges

SCRHA continues to face increasing and changing demands on the Regional health system.

- Enhanced capacity to respond to change through the continued implementation of our new recruitment and retention strategy.
- Increased efforts on innovative health promotion, disease prevention, and Population Health initiatives.

- A completed facility condition assessment for all SCRHA and Affiliate facilities - providing information to support future capital replacement
- A revised three-year strategic plan has been developed which included a comprehensive consultation and communication strategy with key stakeholders to help guide future service delivery, infrastructure, health human resource planning, information systems and capital investment planning for facilities.

Prescribed Health Care Organization Relationships

SCRHA also funds Prescribed Health Care Organizations (PHCO) (formerly called Community Based Organizations) to enhance or add to services provided. In most cases, PHCOs complement the continuum of care for regional residents and community based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCRHA goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

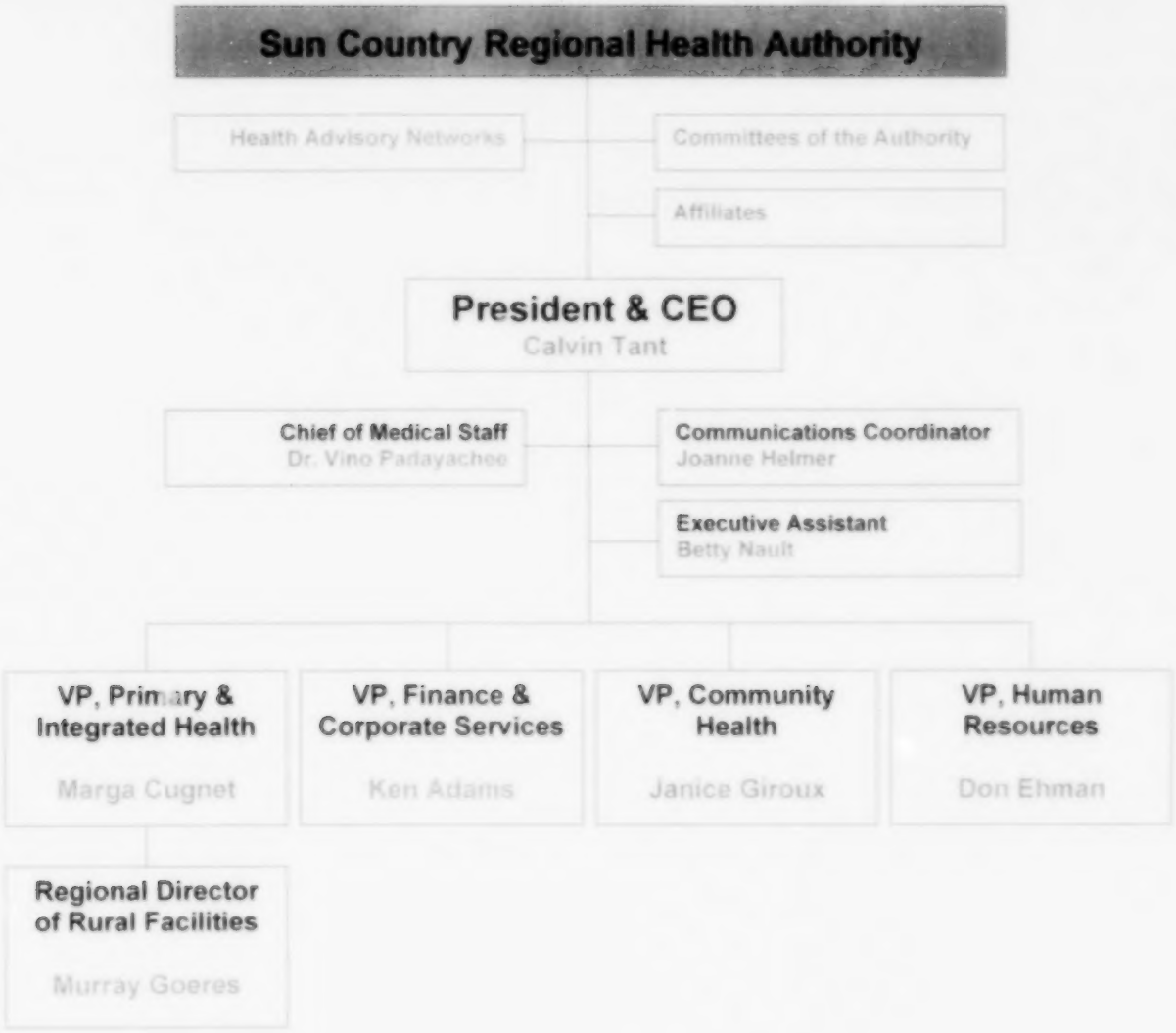
SCRHA has a close working relationship and operating agreements with the following three Affiliate organizations:

Affiliates	Services Provided
St. Joseph's Hospital of Estevan	53 acute care beds, 34 long term care beds and 4 beds for convalescent, respite and palliative care.
Radville Marian Health Centre	49 long term care beds and 3 beds for convalescent, respite, palliative care, observation and assessment.
Sunset Haven in Carnduff	42 long term care beds, 1 bed for convalescent, respite and palliative care.

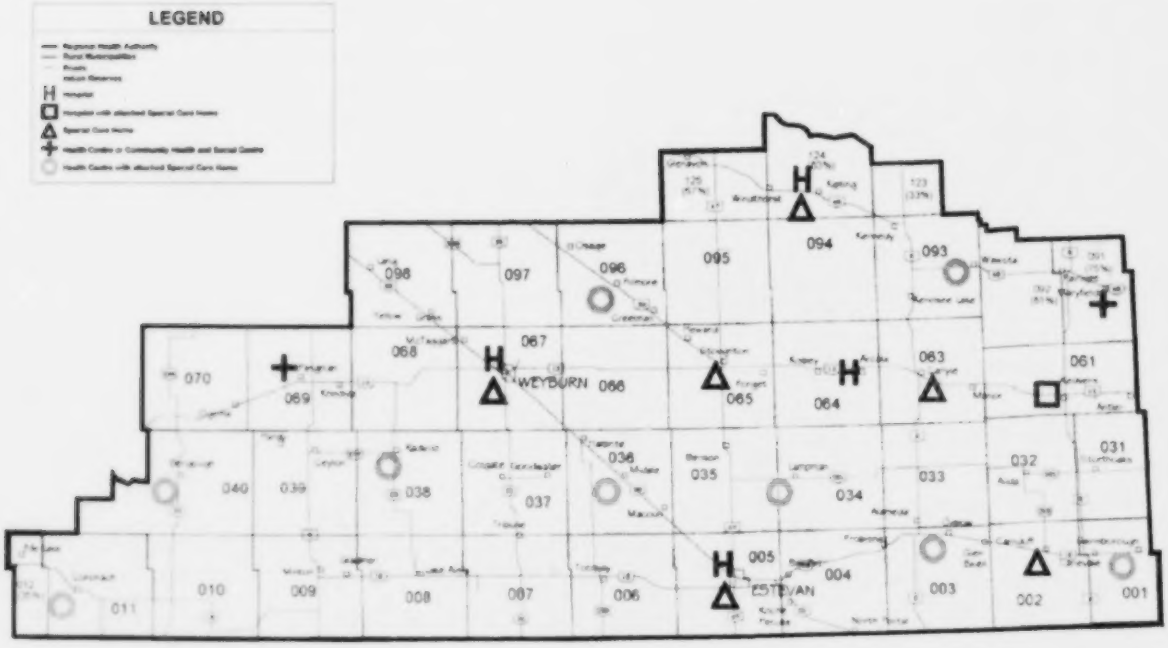
SCRHA also provides flow-through funding for the following PHCOs:

Organization	Services Provided
SMILE Services in Estevan	Programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.
Weyburn Group Home Society	Encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.
Canadian Mental Health Association, Community Resource Centre in Weyburn	Pre-vocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.
Fillmore Ambulance	Ambulance Services
Supreme Ambulance (Carlyle)	Ambulance Services

Sun Country Regional Health Authority Organization Chart



Map of Sun Country Health Region



Our Region

There are a number of factors that influence both service delivery and health status in the Sun Country Health Region (SCHR):

- **The Region's population is widely dispersed**
  Travel for certain services (particularly specialized services) is often required.

- **The Region is primarily rural with two small urban centres**
  A large proportion of SCHR's population lives in rural areas. Sixty-five per cent of residents between the ages of 45 to 64 years and 63% in those over 65 years of age live in rural areas such as towns, villages and on farms within the rural municipalities.

- **The population is older and aging**
  In 2006, 43.2% of the population was over 45 years of age, compared to 39.7% for the Province (see Figure 2 and Figure 3). Since 1998, the proportion of the SCHR population over the age of 45 has increased from 37.3% to 43.2% in 2006 (see Figure 3).

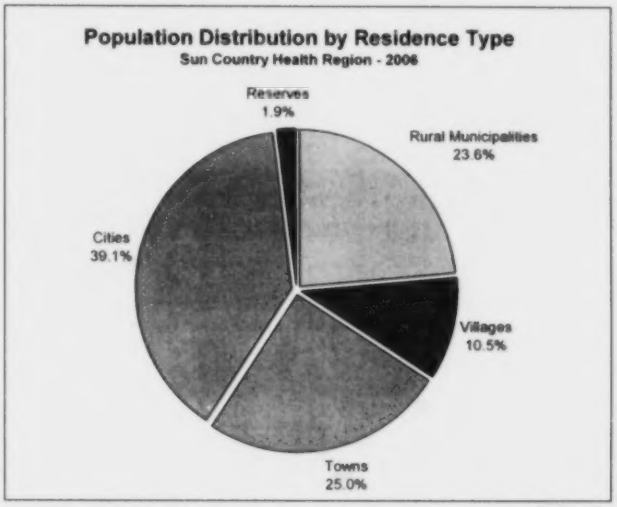


Figure 1

Region Overview

A rural population

The 2007 covered population In Sun Country Health Region is 53,207. This is 5.2% of the total provincial population and higher than the year before. The Registered Indian population in Sun Country is 2.5%, which continues to be significantly lower than the provincial proportion of Registered Indians - 10.6%. (See Table 1)

Table 1

Covered Population	Province	SCHR
2006	1,003,231	52,804
2007	1,014,649	53,207
% Change	(+)1.14	(+)0.76
% Cities	56.3	39.4
% Towns	17.5	25.3
% Villages	8.4	10.5
% RMs	13.2	23.0
% Reserves	4.5	1.8
% 65+ Years	14.6	17.5
% Registered Indians	10.6	2.5

- *62% of our population lives in primarily rural locations.*
- *17.7% of our population is over the age of 65.*

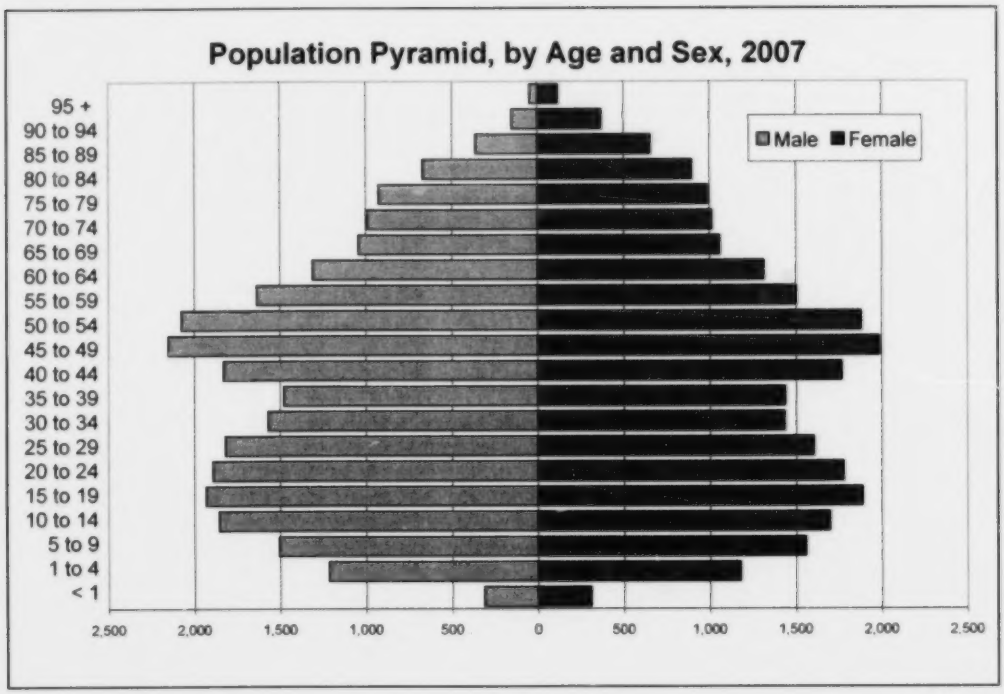


Figure 2

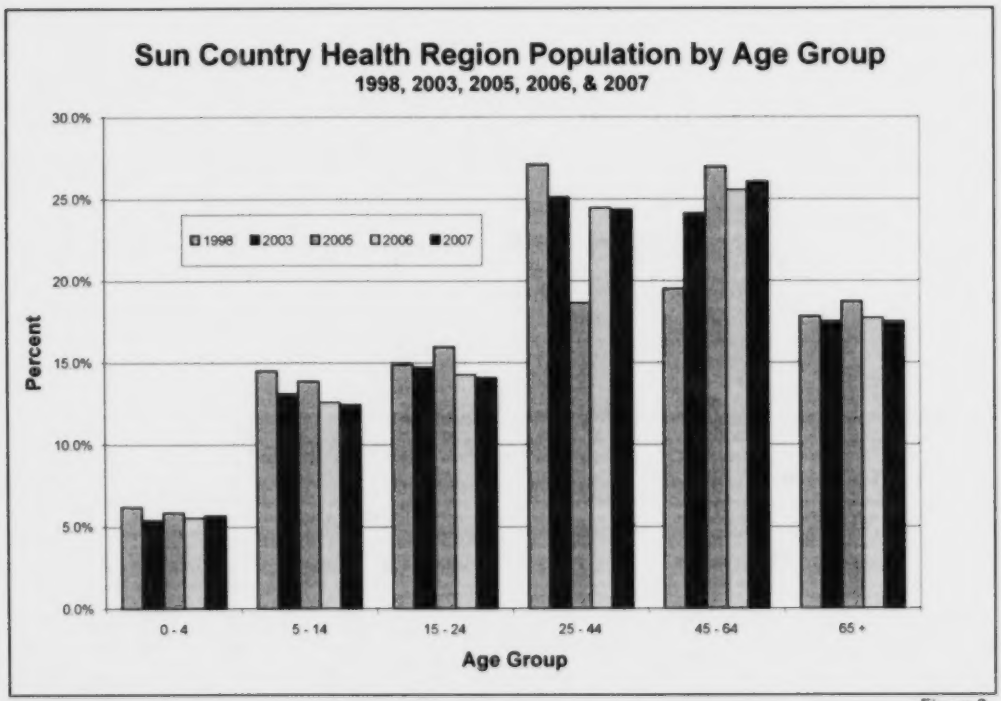


Figure 3

Economic Trends

Overall, the economic indicators for SCHR are positive.

In 2006, the unemployment rate for the Region was 2.4%, compared to 4.3% for the province. As well, median family income for the Region ($52,028 in 2001) compares favourably with the province ($49,000 in 2001). Despite this, there are enormous income disparities within the Region. Typically, the oil- and gas-driven communities fare much better (up to $98,000 for median family income) than those communities in which the primary industry is farming (median family income from $28,000 to $48,000).

Two key demographic factors impact on service provision and human resources in SCHR:

a) the aging population;
b) the "urbanization" of the population.

Given the low birth rate, aging population, "urbanization" of the agriculturally-based economy and lack of large urban centres, SCHR might continue to see a reduction in the population in some of its communities, while the proportion of the population over 45 will continue to increase. Rural youth are relocating to the larger cities for post-secondary opportunities. This young population often remains in the larger centres due to enhanced employment and educational opportunities.

Currently, informal social support networks are vital and abundant but it is increasingly difficult for those remaining in these sparsely-populated, rural areas to provide informal supports such as recreational opportunities/facilities, care for aging parents, child care, parenting support, emotional support and others. At the same time as the informal supports are eroding with these changes, the declining population of the recent past increased its reliance on formal support systems, such as health care. Population growth might change that trend.

SCRHA expects the current demographic trends, health status indicators and economic trends will continue and the key factors identified will continue to have the largest impact on health service delivery priorities and challenges.

The introduction of additional Telehealth sites has allowed, to some extent, for training for health care workers and services to be provided locally, while reducing travel for both staff and clients. The *Diabetes Prevention & Management Project* is an example of how SCRHA addresses these geographic challenges. Over the next decade the development of primary health care sites will be a key component of this Region's service delivery.

Health Status of Residents

Infant Mortality Rate

Historically, the infant mortality rate in SCHR has been comparable to that of the province. In 1999/01 the rate per 1,000 live births in was 4.4, lower than the provincial rate of 6.2. In 2002-2004, the rate was 8.0 per 1,000 compared to 5.9 for the Province of Saskatchewan.

Although the rate in 2002-04, does not reflect a statistically significant difference from the provincial rate, it is important to assess both the modifiable (low birth weight, social conditions, emotional health) and non-modifiable factors associated with the increase. Between 1999-2001 and 2002-2004, the low birth weight (per 100 live births) in SCHR rose from 4.3 to 5.5. Further examination of the factors (substance abuse, inadequate nutrition, obesity, and socioeconomic status) associated with both these health status indicators is important.

Indicator	RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators				
Infant mortality rate per 1,000 live births[25] *2002-2004*	**8.0**	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[25] *2002-2004*	**5.5**	5.4	3.7 – 6.0	
High birth weight rate per 100 live births[25] *2002-2004*	**14.7**	15.7	12.9 – 31.1	

Life Expectancy

Generally, the health status of residents is good and this reflects the positive underlying determinants of health. Life expectancy at birth (76.8 years for males and 81.2 years for females) is similar to the provincial average (76.2 years for males and 81.8 years for females). This is also true for life expectancy at age 65 years.

The leading causes of potential years of life lost (2001) are malignant neoplasms, cancers, (1,706.8/100,000 population), unintentional injuries (1,209.9), and circulatory diseases (817.9), compared to 1,483.1, 1028.0, and 951.5 respectively for the province. A five-year average (1995-1999) of potential years of life lost in SCRHA showed motor vehicle traffic accidents (552.0/100,000 population), suicide (522.5), lung cancer (386.8), acute myocardial infarction (347.8), and breast cancer (232.1) as the top five causes compared to 546.4, 483.1, 369.0, 339.8, and 153.1 respectively for the province (A Surveillance Report of Deaths in Saskatchewan Regional Health Authorities, Population Health Branch, Saskatchewan Health, March 2005).

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Life expectancy (at birth)[15] *2001*[28]	Males	**76.8**	76.2	72.1 – 78.2	*to be determined*
	Females	**81.2**	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001*[28]	Males	**16.7**	16.9	15.6 – 18.0	*to be determined*
	Females	**20.6**	20.9	17.2 – 21.8	

Obesity and Physical Activity

The percentage of the population identified as overweight or obese (30.53% and 20.35%, respectively) has decreased since last year in SCHR and is now closer to the provincial rates (32.52% overweight and 20.03% obese). In 2005, 49.65 % of residents reported physical inactivity, compared to 49.52 % for the province.

Body Mass Index (BMI) is the most common method of determining if an individual's weight is in a healthy range, and despite its limitations with respect to certain population groups (e.g. children, pregnant women, and athletes) is a widely used standard in the health literature to measure the effects of excess weight as a risk factor for various diseases.

Reducing the risk of obesity decreases the risk of a number of other chronic conditions such as cardiovascular disease, type II diabetes and certain types of cancer. The benefits are due in part to a direct effect of reduced obesity, but also to the indirect effects of changes in the amount and type of fat in the diet, which affects blood lipid levels and other potential risk factors for disease.

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*[16]	Active / moderately active	**48.25%**	48.62%	38.60% – 53.35%	*to be determined*
	Inactive	**49.65%**	49.52%	44.06% – 58.77%	
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*[16]	Overweight (BMI 25.0-29.9)	**30.53**	32.52	30.53 – 36.12	*to be determined*
	Obese (BMI 30.0+)	**20.35**	20.03	16.88 – 24.19	

Self-Rated Health Status

The effects of aging, physical inactivity and obesity likely contributes to the lower self-reported health status and diabetes rates of residents. In 2003, 54 per cent of residents reported their health status as very good or excellent. This compares to 59.5 per cent for provincial residents. The proportion of residents who report their health status is very good has been stable since 2000/2001 at around 35%. This compares with the Saskatchewan and Canadian figures of 35.7% and 37%, respectively, in 2005. Those who rate their health status as excellent have declined from 20.8% to 16.3% from 2000/2001 to 2005. A similar decline was seen with Saskatchewan and Canada.

Both preventive and intervention-oriented initiatives impact on self-rated health status. Many of the priority areas identified in the Population Health Promotion Action Plan, such as accessible, nutritious foods, decreased substance use/abuse, active communities and mental well-being, also have an impact on health status. Improving self-rated health status requires multisectoral, inter-disciplinary, community-based interventions.

Indicator	RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators				
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*[16]	**52.11**	52.35	39.86 – 57.96	*to be determined*

Emerging Health Issues

Diabetes

The high rates of physical inactivity (50% of residents aged 12 years and over report that they are not physically active) and obesity are likely major contributors to the increasing rates of diabetes. Since 2000/2001 the age-adjusted prevalence rate of diabetes has increased from 36.9% to 50.6% in 2004/2005. Diabetes rates have also been increasing in other health regions during this time period.

Diabetes is a progressively debilitating disease that is associated with several comorbidities or chronic disease complications, including limb losses through amputation. Thus, diabetes carries high utilization costs as well as quality of life implications.

Contributing factors include:

- **Age:** Diabetes incidence and prevalence tend to increase with age.
- **Sex:** The sex-specific diabetes prevalence rates are generally higher in males than in females, especially in type II.
- **Genetics:** Individuals who have diabetic first-degree relatives tend to carry a higher risk of developing diabetes than those without.
- **Nutrition:** High carbohydrate, high fat and low fibre diet could predispose to diabetes.
- **Obesity:** Individuals with long-standing obesity are at a high risk of developing diabetes.
- **Ethnic background:** First Nations and non-Caucasian individuals have a higher risk of type II diabetes than Caucasians. This risk is reversed in type I diabetes.
- **Physical inactivity:** Sedentary lifestyle in combination with other factors is associated with high risk of developing diabetes.
- **Viral infections:** Several viral infections, such as rubella, have a subsequent higher risk of diabetes.
- **Others:** Other minor factors include smoking, alcohol, hypertension, heart disease, gestational diabetes and stress.
- Local factors may contribute to disparities in the distribution of diabetes including the relatively recent availability and introduction of high carbohydrate diet into the First Nations communities. Low levels of physical activity during the long cold winters could precipitate diabetes onset.

Indicator	RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators				
Age-sex adjusted diabetes prevalence rate per 1,000 population[29] *2005/2006*	**53.0**	*not applicable*	44.3 – 101.7	*to be determined*

Injuries

In 1996 Saskatchewan had the highest provincial rate of hospitalizations due to injury for children and youth age 0 to 19 years (Canadian Institute of Child Health, 2000). Population public health strategies have demonstrated that injury prevention is possible, if it is focused on the risk factors involved.

Contributing factors include:

- **Age:** Hospital injury rates differ between child and youth age groups. Youth age 15 to19 years have the highest hospitalization rates due to injury (Saskatchewan Institute on Prevention of Handicaps, 2002).
- **Geography:** Children and youth living in Northern Saskatchewan have higher rates of injury compared to the rest of Saskatchewan (Saskatchewan Institute on Prevention of Handicaps, 2002).
- **Sex:** Child and youth males have higher rates of injury in Saskatchewan (Saskatchewan Institute on Prevention of Handicaps, 2002).
- Local factors contribute to disparities in the distribution of child and youth injury rates at the regional level.

In SCHR, the injury hospitalization rate for children less than 19 years of age is higher than the provincial value for both males and females but the difference is not statistically significant. These rates have remained relatively constant from 2002/2003, 13.1 for males and 8.8 for females, and have increased marginally for the province, from 9.3 to 10.4 for males and from 6.5 to 6.9 for females.
SCRHA's Injury Prevention Subcommittee continues to work on some of the major causes of injuries: motor vehicle accidents, falls and farm injuries. Hospitalizations, due to falls, continue to be a major concern for seniors. The hospitalization rate for males aged 65 and older is 18.1/1000, compared to 14.7 for males in Saskatchewan. For females, the rates are 38.0 and 26.6/1000 for SCRHA and the province, respectively.

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	**13.4**	10.6	7.2 – 17.7	*to be determined*
	Females	**9.2**	7.0	5.0 – 14.2	

Immigration

Five Community Settlement Committees are to be established within the next year in SCHR to assist communities prepare for immigration. SCRHA will appoint representation to these committees.

Community growth and development due to oil boom

The new economic growth taking place in the southeastern portion of the province will affect workloads and other health determinants such as housing, education, community belonging, safe communities, environment and lifestyle choices i.e. community design and walkability (active living). SCRHA will monitor its communities to determine how to assist.

West Nile Virus

The emergence of West Nile virus (WNV) in Saskatchewan continues to pose a threat to health in SCHR. Many areas provide ideal habitat for the Culex Tarsalis mosquito. With the warm weather in the summer of 2007, residents experienced a substantial risk for serious human illness (high numbers of WNV infected mosquitoes and increasing populations of Culex Tarsalis mosquitoes) in Estevan.

SCRHA, in consultation with Saskatchewan Health, carried out a program of adult mosquito control (spraying) within the Estevan city limits in August, 2007. The goal was to reduce the risks of West Nile virus (WNV) transmission to the human population from large numbers of infected Culex Tarsalis that had entered Estevan. SCRHA is the only Regional Health Authority (RHA) in the province to have sprayed two years in a row. Residents received advance media notice and a public notice to all households.

SCRHA Public Health Inspectors followed up 129 cases of West Nile Virus through August and September.

Institutional Outbreaks

Preventing influenza, and the secondary complications from influenza, requires a coordinated approach. As the population continues to age, protecting residents through annual seasonal influenza immunization will become increasingly important.

In 2007-08, SCRHA focused on increasing immunization coverage rates in children 6 to 23 months of age and all our employees, especially in Long Term Care facilities.

Creating and maintaining a safe and healthy environment where quality of life is optimized is a priority, and the work of the SCRHA Infection Control Committee and employees is crucial. The institutional outbreaks from April 1, 2007- March 31, 2008 include:

Outbreak	#
Parainfluenza	2
Respiratory Syncytial Virus	3
Norovirus	2
Influenza A	4
Influenza B	2
Human Metapneumo Virus	3
Unidentified Respiratory	2
Unidentified Gastric	2

Pandemic Planning

Preparation of the SCRHA response for an influenza pandemic is progressing in a number of key areas. Leadership is working with the Communication Department to finalize the strategy for public education and education of SCRHA employees. Facility planning to finalize triage sites, observation sites and admission sites is progressing. Public health nursing is working with the Medical Health Officer and CD/Immunization Coordinator to coordinate the draft mass immunization plan. The Region continues to secure supplies for the pandemic stockpile supplies for the mass immunization campaign.

A mock influenza pandemic table top exercise was conducted in November and the results are being used to assist the ongoing planning efforts of the Pandemic Planning Committee. SCRHA's experience with the annual seasonal influenza campaign and the knowledge gained with the management of the influenza outbreaks that occurred in its health care facilities is also used in planning efforts.

SCRHA participates in a number of provincial committees and working groups, including the Southern Saskatchewan Pandemic Forum, that deal with the full range of health care and health emergency issues (e.g. workforce planning group, supportive services committee, communications, etc) and continue to address those areas of pandemic planning that fall within the specific areas of expertise.

SCRHA's seasonal influenza campaigns have been very successful. The Region has one of the highest influenza coverage rates in the province for children 6 – 23 months of age. SCRHA coverage rates increased from 43.7% in 2006-07 to 53.7% in 2007-08. Influenza coverage rates for SCRHA employees is one of the highest; over 85% in 2006-07. It is estimated at 82.7% for 2007-08.

The influenza coverage rate for SCRHA employees is among the highest in the province. It was over 85% in 2006-07 and is estimated at 82.7% for 2007-08.

2007-08 Results at a Glance

During 2007-08, SCRHA achieved many objectives and reached many successes that are in line with its strategic goals. There were also challenges in obtaining some goals and desired results. Below is a summary of the important highlights, these are discussed further in the 2007-2008 Performance Results section that follows.

Provincial Goal #1

Improved Access to Quality Health Services

- Establishment of Primary Care Team in the Carlyle/Arcola area.
- Nurse Practitioner assigned to the communities of Midale/Lampman.
- Exceeded the provincial average for providing several levels of surgical cases within the target time frames.
- New diagnostic imaging equipment placed in St. Joseph's Hospital in Estevan and Radville Marian Health Centre.
- Grand Opening and initiation of Dialysis Services in SCHR.
- Chronic Disease Collaborative Team in Radville.

Provincial Goal #2

Effective Health Promotion and Disease Prevention.

- 82 per cent of staff members received flu vaccine.
- Three community committees struck to decrease substance use and abuse.
- Significant increase in Regional Intersectoral Partnerships.
- Progress on Pandemic Planning.

Provincial Goal #3

Retain, Recruit, and Train Health Providers.

- Ongoing human resources initiatives to improve quality in the workplace.
- Enhanced recruitment and retention activities.
- New corporate image and logo developed.
- Employment Services Coordinator hired.
- Director of Recruitment and Retention hired.

Provincial Goal # 4

A Sustainable, Efficient, Accountable and Quality Health System.

- SCRHA continues to maintain balanced budgets, year after year.
- Board meetings are held in public in both Weyburn and Estevan. Meeting notices are placed in newspapers across SCHR.
- SCRHA activities distributed through internal and external newsletters and placed on website (www.suncounty.sk.ca).
- Eleven Accreditation Teams met regularly over the past year to review the quality of care and service that is being provided and make improvement plans as warranted.
- Held 14 Strategic Planning consultation meetings with key stakeholders.

Financial Summary

Sun Country Regional Health Authority ended the 2007-08 year in a positive financial position, posting an operating surplus of $21,500 for the fiscal year end March 31, 2008. The total operating revenue was $109,287,942, and the total operating expenditures were $109,266,392.

2007-08 Performance Results

Introduction

The Ministry of Health has set annual accountability expectations of SCRHA for performance monitoring, regular reporting and performance assessment. The *mandatory performance management measures and indicators* on which SCRHA will be measured against during 2007-08 are highlighted here and organized around the provincial health system goals. A complete set of indicator tables for the 2007-08 Performance Management Summary are located on pages 47-54 of this report.

Goal 1: Improved Access to Quality Health Services

Overview

Improving the public's access to quality health services was a major goal in 2007/08. SCRHA is committed to the principles of Primary Health Care and the utilization of a Primary Health Care model of service delivery. It is working with the Ministry of Health and local communities to create new sites for residents.

During 2007/08 SCRHA provided primary health services to about five per cent of the population. SCRHA collaborated with the Ministry, physicians, and communities to establish new Primary Health Care sites in the Carlyle/Arcola and Midale/Lampman areas. Nurse Practitioners have been hired to enhance services in both those sites and, along with other team members, to provide collaborative care while assessing community needs.

In addition, SCRHA saw the additional benefits of also placing a Nurse Practitioner in the Maryfield Health Centre to provide broader services to residents of that community.

Recruitment and retention of qualified professional staff continued to challenge the strategy to improve the quality of acute care services to residents.

SCRHA, in partnership with communities, has successfully recruited professional staff and physicians in certain areas while losing some in others. In the Arcola/Carlyle area, SCRHA successfully recruited a second physician but then was short of professional nursing staff, resulting in a reduction of hours in the Arcola Health Centre emergency department and no admissions to in-patient services for several months.

Currently, the Kipling community enjoys the services of two full time physicians, while plans and discussions continue for recruitment of a third physician to the area.

Insufficient staffing also resulted in minimum laboratory and x-ray services at the Bengough, Coronach and Lampman Health Centres for periods of time during the year. SCRHA is working diligently to recruit new staff so full service will again be offered at those sites.

The suspension of maternity services at the Weyburn General Hospital occurred in May, 2007 and remains in place. SCRHA has successfully recruited five new nurses to the unit but due to retirements and staff leaving for other positions within the Region, SCRHA continues to delay

provision of this service. Challenges in keeping the Intensive Care Unit open consistently in Weyburn General Hospital has also reduced access to patients for certain services.

In all these situations, careful planning and backup options ensured a planned approach for meeting the majority of the health needs in the community.

Results: Wait times

Waiting time for surgery is an important dimension of accessibility. Delays in service could have quality of life consequences for clients and result in both clients and families being discouraged from future care-seeking behavior.

- SCRHA exceeds the provincial average for providing several levels of surgical cases within the target time frames. 47.4 per cent of Priority Level I clients have access to surgery within the provincial government's target time frame of three weeks, while 32.5 per cent of Priority Level II clients receive surgery within the provincial time frame of six weeks. With the majority of our surgical services provided by itinerant surgeons/dentists, on an intermittent basis, it is a challenge to improve these waiting times. Target time frames for Priority Level III and IV are exceeded.

Indicator		RHA Value	Provincial Value	Range	Target
Acute Care					
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	**47.4%**	60.4%	47.4%-95.4%	95%
	Priority Level II within 6 weeks	**32.5%**	44.0%	32.0%-95.1%	90%
	Priority Level III within 3 months	**81.3%**	67.8%	48.6-99.1%	90%
	Priority Level IV within 12 months	**99.4%**	89.2%	83.4%-100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	**101.6%**	99.4%	92.2%-114.6%	100%
	Variance from target	**10**	*not applicable*	*not applicable*	*not applicable*

Results: Telehealth

SCRHA met the provincial goals for provision of clinical services through Telehealth and will continue to work to increase access. One hundred and eleven patients were seen at Telehealth sites in the Region during the year.

- Administrative use of Telehealth has increased dramatically over the past year, reducing travel time and increasing staff access by providing education sessions or meetings at more local sites. More education sessions open to the public, such as one for diabetics, were held as well. SCRHA, in partnership with communities, now offers these services in Estevan, Weyburn, Arcola, Kipling, Oxbow and Redvers. Plans for installation to Coronach, Bengough, and Midale are near completion.

Results: Diagnostic Equipment

SCRHA's medical imaging services continue to improve, with the addition of new diagnostic imaging equipment in St. Joseph's Hospital in Estevan and the Radville Marian Health Centre. With this new equipment, the quality of all images has significantly improved, providing more detail to the physicians. The turnaround time for reports has been reduced.

SCRHA continues to work with the Ministry of Health to finalize plans for the installation of the RIS/PACS system to complete the plans for electronic transmission of all images.

- Several pieces of laboratory equipment were also put in place to assist physicians with more timely information for diagnosis, to improve access to quality health care. Rural physicians have equipment to quickly diagnose a heart attack, enabling earlier intervention for the patient.

- With the assistance of Saskatchewan Health Information Solutions Centre (HISC), a new laboratory information system in Weyburn General Hospital means quicker reporting and more efficient procedures for staff. SCRHA supports the federal and provincial government philosophy that the improved health status of its residents and improved access to services require partnerships with communities and new approaches to providing care.

- SCRHA continues to send collaborative teams through the Region, made up of dietitians, pharmacists, social workers, and other members of the health care sector.

- SCRHA established a revised target, to provide Primary Health Care to 100 per cent of the population within 10 years.

- A new Primary Health Care proposal for the Arcola/Carlyle Health Centre was approved by SCRHA in January, 2007.

Number of Discrete Clients Receiving Primary Health Care Services in the RHA – 2007/2008				
	Q1	Q2	Q3	Q4
Sun Country	0	0	0	1,718

Results: HealthLine Calls

Strong use of HealthLine in SCRHA is a reflection of the increased public awareness of the service and the reduction of physician and nursing services in some quarters of the Region.

- Residents continue to steadily increase their calls to HealthLine, with 5,750 calls from April 1\07 to March 31\08, up from 3,755 in 06-07.

Results: New Renal Dialysis Unit

In past years, residents of SCRHA have traveled up to two hours each way to Regina for a dialysis treatment three times a week.

- Construction began late in 2006 on a $1.7 million renal dialysis unit for residents, located at St. Joseph's Hospital in Estevan. The new dialysis unit began operation in November 2007, providing treatments to 12 patients on a three times per weekly basis.

- A joint fund-raising committee, with representatives from SCRHA and the St. Joseph's Hospital Board raised over $500,000 for new equipment. The Kinsmen Foundation and the Midale Trust were two significant contributors to the project.

Results: Patient Safety Committee

A Patient Safety Committee helps to promote a philosophy of care that is patient/client/resident and family centred. The committee champions system-wide changes to improve or re-design practices and processes that eliminate or minimize the occurrence of adverse events.

- A Patient Safety Committee was established by SCRHA staff in 2006-07 to create a culture committed to excellence and patient safety. The committee is chaired by the Director of CQI (Quality Improvement). SCRHA has added a member of the public who experienced an adverse health care event to participate on the committee.

- To improve safe patient care, several projects have been undertaken. Medication errors are a result of many system issues. Medication reconciliation, when health providers ensure that their patients/residents/clients are receiving the correct medications when they are moving within the system from home to home care or acute, and then into Long Term Care, reduces adverse events, including hospitalization or prolonged illness, as a result of the wrong medication being taken or not taken.

Results: Rehabilitation Services

Access to some therapy services has improved despite staffing challenges. With the introduction of such initiatives as "back classes" where a group of patients can learn about improving their functional status as well as prevent further injury in a supportive environment, staff time can be utilized more efficiently. The addition of a most welcomed Speech Language Pathologist for adults has greatly improved services for clients such as those suffering a stroke, as well as assessment and educational support for clinical staff.

Results: Stroke Strategy

Initial planning and education has taken place to enhance access to timely, appropriate treatment for patients suffering a potential stroke. Education of physicians, emergency room nurses and emergency medical services (EMS) staff to assess and implement a stroke by-pass protocol and proceed to tertiary care will potentially decrease health deficits and the need for long term rehabilitation for patients.

Goal 2: Effective Health Promotion and Disease Prevention

Overview

Indicators to measure success in the area of health promotion and disease prevention are critical in measuring the effectiveness of health promotion activities. The outcomes of health promotion initiatives take several years to see the positive results. SCRHA is confident in its ongoing health promotion strategy.

Results: Infection Control

- In the fall of 2007, SCRHA became aware of deficiencies in properly monitoring the sterilization process in the 19 facilities where autoclaving was taking place. After a thorough audit of all facilities, autoclaving was reduced to five sites. The sterilization committee has recommended all five sites will have trained staff in the Sterilization Technician course, required to have a clinical training component in either Estevan or Weyburn, and will be regularly audited to ensure facilities meet the Canadian Standards in Cleaning, Disinfection, and Sterilization.

- In the fall of 2007 through the early New Year, Infection Control Nurses traveled to facilities in SCRHA promoting hand hygiene. Each facility was provided with an education session on the importance of hand hygiene, including a demonstration of hand washing. Each staff member also was given the opportunity to see how well they wash their hands by using glitter lotion and a black light.

Results: Tobacco Control

SCRHA continues to implement the Regional Tobacco policy which came into effect in May 2007. Some staff has taken the opportunity to apply for reimbursement part of the cost for their Nicotine Replacement Therapy.

- Addiction staff has provided Smoking Cessation programs this year. Plans are being made to run additional programs throughout the region.

Results: Regional Intersectoral Partnerships

SCRHA staff has been instrumental in drafting agreements with the Southeast Cornerstone/Holy Family School Divisions and the Ministry of Social Services to work more closely for the betterment of services to children and youth. The Regional Intersectoral Committee and subcommittees have been essential in efforts to improve the lives of people living in the Region. These valued partnerships are key in effective health promotion and disease prevention initiatives. This includes staff meetings/learning events each year and agreement for agency supervisors to meet regularly to discuss mutual issues. Addiction Services, and Child and Youth Services, are maintaining and developing partnerships with Regional and First Nations schools, providing education and clinical services. This past year there has been a marked increase in the number of schools requesting and receiving addiction services.

Results: Falls Prevention

Members of the Falls Prevention Committee were involved in the development of a Provincial Falls Prevention Strategy. The Falls Prevention Committee continues to implement the strategy to reduce the number of falls in the Region. This includes learning events for the public on falls prevention and client assessments by health care professionals.

Results: Promoting Healthy Choices

SCRHA believes that effective health promotion and disease prevention results in healthier communities. Four multi-sectoral committees continue their work on the Regional Population Health Promotion Plan – mental well being, decreased substance use, a combined Active Communities, Accessible Nutritious Foods committee and an Injury Prevention Committee.

- SCRHA has supported the Southeast Saskatchewan Association for Culture Recreation & Sport (SESACRS) for the initiation of a Playground Leadership program. This initiative involves training playground leaders who will promote and facilitate playground activities in their schools. Research has shown that training teachers, playground supervisors and peer leaders to promote physical activity during recess and lunch hour is a practical solution to reducing inactivity in young children. Carlyle Community School and Hillcrest Elementary in Estevan piloted this program in 2007. Plans are underway for three new schools to offer the program in 2008.

- In partnership with Weyburn In Motion, and Saskatchewan In Motion, a Moving Together Symposium was held to examine how the built environment affects how active we are and how we can work with others to make changes to our environment. A similar symposium will be held in Estevan in 2008.

- Other initiatives have included the development of a Regional nutrition policy, and a preliminary look at food security issues within Weyburn.

- Community Health staff is working on initiatives that will enhance SCRHA's work with youth. This includes working with school divisions, schools, and school community councils in the promotion of needs assessments, the formation of school health teams or other youth engagement activities.

- The Mental Well-being Committee has taken on two new community agency members and three new regional members. SCRHA facilitated a Telehealth conference among 60 participants from four Regional Health Authorities to broadcast the federally funded "Understanding the Early Years" projects in SCRHA and Five Hills Regional Health Authority. The Children's Charter is completed and ready to be distributed. A presentation Tool Kit is being compiled with information and resources aimed at increasing awareness of Population Health promotion within SCRHA, partners, communities and families.

- SCRHA staff and Community Partners participated in training on 40 Developmental Assets of the Search Institute and Adult Allies. Two staff members have received facilitator training in Developmental Assets. These groups are now planning to implement concepts throughout the Region. A social marketing campaign aimed at promoting mental well-being through the 40 Developmental Assets for children, birth to age five, began with a kick off in the winter edition of the SCHR Regional Sun, with two pages dedicated to mental health and well-being.

- SCRHA's Population Health Promotion Coordinator continues to work with Mental Health and Addictions staff and communicating to stakeholders, including Town Councils, about health promotion upstream activities, such as discouraging policies allowing the sale of alcohol at sporting events.

Results: Mental Health and Addictions

- The Mental Health and Addictions Services of the five Southern RHAs were awarded a $164,000 grant from the Ministry of H[illegible]lth Workforce Retention Program to assist in training approximately 185 MH&A staff in Cognitive Behavior Therapy (CBT). Eighteen SCHRA staff members have received the initial training. CBT is an internationally recognized, evidence-based practice for treating depression, anxiety disorders and acting-out behaviors. All staff who received the initial training is eligible to pursue Certification as Cognitive Behavioral Therapists in the coming year. In addition, all mental health rehabilitation staff attended a one day workshop on CBT specific to the mental health rehabilitation, long term mentally ill population.

- In February 2008 an opinion survey was distributed to 574 clients who received Mental Health or Addiction services during a two-week period. Three hundred and 34 surveys were returned. Of the total returned:
  - ✓ 92% said they were able to access the service easily.
  - ✓ 86% were satisfied with the wait time before being seen for the first time.
  - ✓ 95% were satisfied with the professional they worked with.
  - ✓ 94% were satisfied with the service they received.
  - ✓ 90% were satisfied with the location of the facility.
  - ✓ 89% said they were able to have input into the service they received.
  - ✓ 96% said they would recommend this service if a friend needed it.

- Centralized Intake Service, implemented in January 2007, is effective and efficient. The Intake worker manages an average of 100 new intake calls per month. This is primarily in Child, Youth and Adult Mental Health Services.

Results: Substance abuse

Three drug strategy initiatives have begun: The Weyburn Drug Strategy, Carlyle Drug Strategy and the Estevan Interagency Drug Strategy. Each committee is looking at the needs of its particular area. The Weyburn Drug Strategy is planning to engage youth by involving them in focus groups. There is keen interest in the communities in all three areas to connect with the oil industry. Efforts to seek partnerships with this sector are being pursued.

Results: Palliative Care

A Palliative Care Program review was implemented in April 2007, with recommendations to revise forms, standardize processes across SCHR, and provide continual education for staff and access to the Palliative Care coordinators. The Palliative Care team will follow up on these recommendations to meet the needs of staff and clients within the resources available. The program provides services to about 75 active clients each month.

Results: Diabetes Control

- Diabetes clinics have been established in Weyburn and Estevan two times each month. Client volume ranges from five to eight patients per clinic. A Diabetes Clinic is also provided at the Radville Chronic Disease Management Collaborative site one to two times per month with the dietitian-diabetes resource nurse team working in collaboration with the medical clinic staff, retail pharmacist and exercise therapist in that community. This team reports 5-8 client visits per clinic. Education Sessions have been offered in Kipling, Estevan and White Bear Reserve for SCRHA staff, and for the staff of several private industries in SCHR.

- Diabetes training has been completed for three Nurse Practitioners and four other RNs, bringing the number of nurses in SCRHA who have received the diabetes training to 17. Pharmacy students working out of St. Joseph's Hospital in Estevan were included as educators for this training. Diabetes Clinics are in the development stages in Carlyle Medical Clinic, Lampman, Midale and Maryfield Health Centres.

Results: Home Care

Four Licensed Practical Nurses (LPNs) are employed in Home Care in SCHRA, in Oxbow, Estevan, Weyburn, and Coronach. SCRHA has engaged in collaborative dialogue with Registered Nurses/Licensed Psychiatric Nurses to ensure there is a clear understanding of the roles and responsibilities of the LPN. Several general competencies, like blood sugar monitoring, general dressing changes, foot care, medication administration, intravenous protocols, may be within the scope of both practices. The potential value of LPNs to the Home Care program is considerable.

Results: Provincial Collaborative

In April 2007, SCRHA joined a provincial collaborative sponsored by the Saskatchewan Health Quality council, aimed at improving the discharge experience of patients from an acute care facility. A team of professionals from Weyburn General Hospital and Home Care met on a monthly basis to discuss ways of improving the efficiency of the discharge process by addressing patient needs earlier and more consistently during their hospital stay. The objectives of this year-long process aimed at promoting a patient-centred discharge and reduction of re-admissions. The results of the initiative have been beneficial for patients in improving their overall quality of care.

Results: Public Health Inspections

SCRHA was randomly selected to participate in an audit to determine if it had complied with the legislative and related authorities governing inspections of public eating establishments for the year ended March 31, 2007. Of the public eating establishment inspections that were completed, 30 were identified as a "moderate hazard rating." The Provincial Auditor identified that six of the "moderate hazard rating" inspections were past the six month re-inspection guideline recommendation. These six facility inspections that did not have their inspections followed up according to the guideline have all been re-inspected. Further inspections will be conducted in accordance to recommended guidelines.

Goal 3: Retain, Recruit and Train Health Care Providers

Overview

Like most other health care organizations in Canada, SCRHA faces increasing difficulty in attracting and retaining staff. Highly trained health care workers are in demand internationally. A vibrant economy provides considerable job opportunities and choice for workers.
Meanwhile, employers like SCRHA have ongoing challenges with an aging workforce and the remote location of some health care facilities. The challenge is to maintain and improve SCRHA's progressive recruitment and retention programs so the Region can compete for these qualified health care professionals.

Results: Leave for Illness

Sick leave hours in SCRHA per full time equivalent (FTE) during 2007-08 are higher in almost all groups compared to the provincial average and are also higher than last year. This high absence from scheduled work creates pressure on the organization to maintain services due to limited replacement staff, and results in increased overtime. The aging workforce and the physical nature of work are contributing factors to the increased incidence of illness or injury.

- Total sick leave hours as a result of illness were 106,203 hours in 2007-08. This equates to approximately 54.2 FTEs.

Indicator		RHA Value	Provincial Value	Range	Target
Workforce Planning					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	**93.49**	89.48	70.26-108.76	*to be determined*[3]
	HSAS	**87.82**	68.08	50.61-108.78	*to be determined*[3]
	OOS/OTHER*	**48.85**	50.23	41.95-70.10	*to be determined*[3]
	SUN	**90.51**	89.48	52.15-94.79	*to be determined*[3]
	Organization as a whole	**88.65**	84.35	65.01-100.96	*to be determined*[3]

Results: Overtime

A high overtime rate, though less than the provincial average, indicates a shortage of staff due to several reasons such as sick time and unfilled positions. Vacancies in several positions often are covered with overtime worked by existing staff. This situation is exacerbated by more vacation leaves (for staff with longer service) and many other options for taking leave from the work place.

- The significant number of different job classifications and the general staff shortages presented additional challenges in facilities where gastrointestinal and other outbreaks occurred. There were a considerable number of outbreaks in 2007-2008. Some facilities that were quarantined resulted in the need to pay additional overtime.

- There are staff vacancies in classifications such as nursing, Laboratory/Diagnostic Imaging technicians, physiotherapists, occupational therapists, cooks and others that affected services in several locations.

Indicator		RHA Value	Provincial Value	Range	Target
Workforce Planning					
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	**32.40**	45.68	18.53 – 91.96	*to be determined*
	HSAS	**58.41**	23.72	0.10 – 131.05	*to be determined*
	OOS/OTHER*	**5.40**	3.41	0.21 – 13.02	*to be determined*
	SUN	**45.94**	84.78	32.83 – 351.02	*to be determined*
	Organization as a whole	**33.54**	48.46	18.95 – 131.14	*to be determined*

* OOS/Other - this statistic includes non-unionized front line staff from one facility.

Results: Aboriginal Awareness Training

Aboriginal Awareness Training is a program delivered to all staff of SCRHA. The goal is to create awareness and understanding of partnership agreements, the Representative Workforce Strategy and to prepare a welcoming workplace for Aboriginal peoples through education and training. The program fosters a positive and supportive climate, with the hope of integrating aboriginal people into the workforce.

- To date, 1,380 employees, of a total of 2,300 employees have received the training.

- A Diversity Audit was implemented in 2007-08 to self-identify the number of Aboriginal and other minorities employed in SCRHA. The data from the audit will be used to evaluate statistical changes and to determine recruitment and retention issues of self-identified employees.

Results: Recruitment and Retention

Finding qualified, new employees for SCRHA remains an ongoing challenge. Over the past year, SCRHA's recruitment efforts have taken recruiters outside the Saskatchewan and Canadian borders to other countries, including England, Scotland, Ireland and Saudi Arabia.

Understanding what factors inspire staff to remain in a workplace is crucial to retaining today's staff members. The quality of the work environment has a direct impact on recruitment and retention. Therefore, improving workplace practices based on factors that enhance employee commitment is one of SCRHA's key initiatives.

- SCRHA has initiated a mentorship program for new grads.
- To involve employees in addressing retention, SCRHA continued Quality Workplace Initiatives with employees in three facilities - Bengough Health Centre, Estevan Regional Nursing Home and Mental Health Services.
- A Transfer Lift and Repositioning Training Program was re-introduced across SCHR to ensure staff use safe lift and transfer techniques. With the additional capital funding of almost a million dollars from the Ministry of Health, our plan to purchases new and improved pieces of equipment, such as patient lifts and electric beds, to reduce workload and workplace injuries was accelerated.
- A Student Placement Program continues to be offered to students in professional programs requiring a workplace experience component. Placements have occurred in various professional disciplines, including nursing (acute care, community mental health, mental health inpatient and public health), public health inspection, Population Health promotion, social work, speech-language pathology, health records, and psychology, pharmacy, diagnostics, and nutrition services.
- An aggressive marketing and recruitment initiative was initiated in 2007-08 to attract workers. SCRHA hired a Regional Director, Recruitment and Retention, placed more advertisements, attended additional career fairs and offered expanded bursaries and relocation allowances. A new, more user-friendly website was initiated in January 2008 which will assist with recruitment efforts. Numerous meetings with community members have also been held to develop joint marketing and settlement strategies to promote SCHRA and enhance recruitment.

Results: WCB Claims

During 2007-08, SCRHA continues to schedule employees for occupational/physical therapy services for functional and return-to-work programs. This enables employees to heal faster and return to work sooner. The number of lost-time Worker's Compensation Claims for full time employees continues to drop but at a slow rate. This is an encouraging trend.

A number of individuals are not expected to recover to an acceptable level to return to their former positions. Most of these employees may require further education to return to the workforce. Vocational rehabilitation costs may begin to rise over the coming years.

The duration of lost-time WCB claims for full time staff has risen over the past year.

- When a time-loss claim is made, a disability management program is developed and implemented involving the injured worker, SCRHA and the respective union.

- A growing number of musculoskeletal injuries to the shoulder require diagnosis and therapy, then therapeutic and possibly surgical intervention. The key factor in WCB-related time-loss is most often related to improper lifting or transferring of objects or clients. Wait lists for assessment services and/or surgery prolong the return to work period and increase overall operating costs.

Indicator	RHA Value	Provincial Value	Range	Target
Workforce Planning				
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2007/2008*	**5.25**	7.12	0.0 – 9.02	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2007/2008*	**499.28**	451.26	0.0 – 677.35	*to be determined*[3]

* OOS/Other - this statistic includes non-unionized front line staff from one facility.

Goal 4: A Sustainable, Efficient, Accountable, Quality Health System

Overview

The three SCRHA goals aligned with this Provincial goal are: 1) to provide an effective and comprehensive range of health services, 2) to be fiscally responsible, and 3) to ensure regular assessment of the services provided. SCRHA supports the regular evaluation of its services to make sure that its services are efficient, high quality, and meets the needs of the client/resident/patient. SCRHA has undertaken several activities to support these goals.

Results: Communications and Issues Management

SCRHA recognizes that the foundation of an effective and responsive health system is regular and open communications with the public, its staff and physicians. SCRHA has taken steps in the past year to encourage this philosophy throughout the organization.

- Board meetings are held in public alternatively in Weyburn and Estevan. Meeting notices are placed in all newspapers within SCHR.
- Senior staff and Board members have held numerous meetings with community leaders and organizations during the year.
- SCRHA activities are distributed through internal and external newsletters and posted on the website (www.suncountry.sk.ca).
- SCRHA advertised for one or more members of the public to sit on its new Patient Safety Committee to help create a culture of patient safety and increase the public's confidence.
- The Green Pages section in three DirectWest telephone books was continued, to provide easy access to the public for all programs and services provided.
- Strategic Planning consultation meetings with key stakeholders were held across the Region to obtain input into the development of a new Strategic Plan.
- SCRHA adopted and prepared business continuity plans of identification of risks.
- During the past year, SCRHA updated its disaster plans and fan-out lists.
- IBM was retained to assist in the development of a business continuity plan and Information Systems Recovery Plan.

Indicator		RHA Value	Target
Communications and Issues Management			
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	**Yes**	significant activity is expected annually, but need not be reflected quarterly
	Q2	**Yes**	
	Q3	**Yes**	
	Q4	**Yes**	

Results: Quality

Responding to public concerns has become a major priority. SCRHA believes in the need to be accountable to health consumers. It has a policy on disclosing adverse events to patients.

- SCRHA reviews incidents, including critical incidents, and has had several reviews of cases with the patient and family present at the review. There were 144 client contacts with the Quality of Care Coordinator for the year 2006-2007. This number is down from 152 the previous year.

- A measure of the organization's effectiveness at responding to the concerns of clients is the number of concerns resolved within 30 days. Eighty-three per cent of concerns were resolved in less than 30 days. Concerns that are not resolved within 30 days usually involve several disciplines and are inter-regional in nature.

- Section 58 of the Regional Health Services Act requires that all critical incidents that arise as a result of a health service provided by a regional health authority be reported to the Ministry of Health. For the fiscal year 2007-08, SCHR reported three critical incidents. Of these three critical incidents, all (100 %) met the notification time frame of 3 working days and all (100%) met the 60 day submission time frame for forwarding the de-identified information surrounding the circumstances of the incident and the recommendations made or actions taken, to the Ministry.

Indicator	RHA Value	Provincial Value	Range	Target
Quality				
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*	**144**	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*	**83%**	86%	52% – 99%	*to be determined*

Results: Information Technology Systems

Regional Health Authorities in Saskatchewan rely on an extensive information system. Future enhancements in information technology services will play a key role in the efficiency and effectiveness of health care service delivery. Since regionalization in 2002, SCRHA Information Systems have been challenged to provide reliable, accessible and consistent services.

- In December 2007, SCRHA developed a multi-year Information Technology Transformation plan. It is anticipated that implementation of the Information Technology Transformation Plan will be phased in over the next three years.

Results: Accreditation

SCRHA's Accreditation survey in May, 2005 resulted in a three-year Accreditation status, (Accreditation with Condition: Report). Progress reports were submitted in 2006 addressing several areas including: aligning the work in developing indicators with the strategic plan; implementing the new performance appraisal tool; engaging in consultations with physicians to ensure patient charting occurs in a timely manner; carrying out fire drills on all shifts in all of the long term care facilities; and ensuring that double locked cupboards are available to store narcotics.

- In November of 2006, SCRHA was awarded full Accreditation status. SCRHA's next accreditation survey is planned for May 2008.

Indicator	RHA Value	Provincial Value	Range	Target
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*	**May 2008**	*not applicable*	*not applicable*	*to be determined*

Results: Environmental Stewardship

SCRHA's environmental policy states that the Region has a direct responsibility for the environment and will endeavor to make consistent, measurable progress to implement safe and resourceful environmental practices, including purchasing supplies. The policy commits the SCRHA to promote energy conservation and awareness and minimize the environmental health and safety risks to its employees and the community in which it operates.

- SCRHA developed an Energy Management Business Plan in March 2008. Implementation of the energy retrofit measures will commence once the plan receives Ministry of Health and Ministry of Finance approval.

- A recycling committee was organized in February 2008, with a membership of nine. The goal is to reduce, reuse, recycle and recover. Environmentally safe products are in use wherever possible.

- Recycling of products has increased. During the year, about 2,912 yards of paper products were recycled. The Housekeeping Department is in the process of establishing a recycling bin at each of the facilities to save on all landfills. SCRHA recycles pop cans, old batteries, eye glasses, old lumber and metals, paint, printer cartridges, oil and milk containers and plastic.

- About 26,182 pounds of shredded confidential papers were shipped out from April 1 2007 to March 31, 2008, with the potential for increases in future years. The cost of confidential shredding has increased. Bins are located in nine sites.

- Bio waste disposal has increased. With new guidelines, it is a top priority to reduce the amount where possible.

Financial Summary

Overview

2007-08 was another successful year financially for SCRHA, as it posted a surplus of approximately $21,550 (0.02% of actual operating expenditures). This surplus did help SCRHA to continue to stay out of the line of credit of $1.0 million.

Results: Financial

Overall, revenues were significantly higher than the 2007-08 budget ($1,696,073 or 1.6%) due to:

- Increased funding from the Ministry of Health ($1,034,226 over budget) which is mainly for contracted salary increases, primary health care funding for two new primary health care sites and other special funding.
- Increase in the patient fees ($181,599 over the 2007-08 budget) due to increases in Long Term Care rates and in Emergency Medical Service (ambulance) trips.
- Higher investment revenue ($60,603 over 2007-08 budget) due to an increase in cash flow.
- Higher recoveries ($424,865 over 2007-08 budget) due to not budgeting compensation recoveries since the salary expense is also not budgeted.

Salaries were over budget by $217,413 (0.34%) due to an increase in sick time and increase to vacation accrual. However, this was offset by some staff vacancies.

Diagnostic Imaging Supplies have decreased from budget by $23,418 (26.75%) due to moving towards electronic diagnostic imaging which results in less film.

Drugs have decreased from budget by $85,176 (15.2%) due to regionalization of the distribution of drugs, and decrease in the use of more expensive drugs.

Grants to ambulance services increased from budget by $43,163 (12.78%) due to flow through funding relating to the HSAS contract settlement to a contracted service.

Medical and Surgical supplies increased from budget ($35,498 or 2.51%) and prior year ($156,467 or 12.09%) due to inflation, Norwalk outbreaks and some specialty supplies.

Other expenses increased from budget ($197,346 or 14.63%) and prior year ($292,193 or 23.30%) due to advertising and promotions in the UK and increase in the amount of recruitment bursaries.

Repairs and Maintenance is higher than budget ($293,183 or 31.15%) due to projects and renovations that occurred in 2007-08.

Travel increased from budget by $224,445 (21.54%) due to more traveling within the Region and more recruitment/relocation travel.

Indicator	RHA Value	Provincial Value	Range	Target
Financial				
Surplus (deficit)[30] *2007/2008*	**$21,550**	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[30] *2007/2008*	**0.0%**	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%
Number of days able to operate with working capital[30] *2007/2008*	**(21.59)**	*not applicable*	(62.32) – 39.28	*to be determined*

Results: Program Support Services

SCRHA's program support costs for 2007-08 are in line with the provincial target of 5%. For the past four fiscal years, SCRHA has held program support costs to 5% or less, which indicates that administration costs are reasonable compared to overall expenditures.

Indicator	RHA Value	Provincial Value	Range	Target
Program Support Services				
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[30] *2007/2008*	**5.0%**	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Future Outlook/Emerging Trends

SCRHA's goals for 2008-09 will continue with strategic goals that were already established in 2007-08. The goals are consistent and aligned with those of the Province and reinforced in the new strategic planning framework.

SCRHA is committed to meeting the organizational and program specific expectations as set out in the Accountability Document.

SCRHA will continue to provide effective, comprehensive and an equitable range of health services to the residents of the South East within available human, physical and financial resources. Some key challenges and strategic initiatives for 2008-09 include:

Primary Health Care
SCRHA is committed to establishing and maintaining Primary Care sites to help address the goal of access. The Primary Health Care Team is very active in working towards improving regional access to quality Primary Health Care services. SCRHA has also expanded some of its programs in Chronic Disease management.

Health Promotion and Illness Prevention
SCRHA will continue the development of a concrete health promotion and illness prevention plan for action in 2008-09 and over the next several years.

Operational and Service Delivery Review
Deloitte completed an Operational and Service Delivery Review in 2007-08 that focused on all operational areas of the organization, including clinical, administrative and support. An Implementation Plan has been developed to move forward on the various service and efficiency opportunities identified for 2008-09 and future years.

Accreditation
SCRHA will continue with preparations for its second Region-wide survey to maintain Accreditation status, which will take place in May of 2008. Input, evaluation and recommendations from the self-assessment followed by a survey visit by the Canadian Council on Health Services Accreditation (CCHSA) will assist SCRHA to improve the care and service it provides to its patients, residents, and clients.

Mental Health and Addictions
SCRHA will continue to enhance the Population Health provincial program to provide outreach and support services to youth.

Capital and Infrastructure
Capital and infrastructure renewal will continue to be required in the future to ensure modern and safe facilities are available across SCHR to support services to all its acute, long term care and ambulatory patients/residents/ clients, as well as for staff.

SCRHA looks forward to working with the Ministry of Health to address the facility building assessment findings from the VFA Canada report.

In late March 2007, SCRHA retained Stantec Architecture Ltd., to review current and future space needs at six buildings in Weyburn. It is anticipated that the final report will be completed by May 2008.

Governance and Transparency

The role of Sun Country Regional Health Authority (SCRHA) Board of Directors is to govern the organization to fulfill its mission. SCRHA exists so that there will be:

- Optimum health throughout lifespan;
- Primary health care available to everyone within the region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public Policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.

The Board of Directors is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.

Collectively, the job of Sun Country Regional Health Authority Board of Directors, which cannot be delegated, is to:

1. Provide accountability to the residents for SCRHA activities.

2. Provide the link between the organization and the community.

   2.1 Provide SCRHA highlights to the public following regularly scheduled meetings.

   2.2 Hold open Board meetings monthly for public attendance.

3. Develop written governing policies which, at the broadest levels, address:

   3.1 Ends/Outcomes: Results, impacts, benefits and outcomes (what good, for which needs, at what cost). These policies are to include, but are not limited to, a written vision, mission statement and strategic goals.

   3.2 Executive Limitations (On the Means): Constraints on executive authority that establish the prudent and ethical boundaries within which all executive activity and decisions take place.

   3.3 Governance Process: Specifies the approach SCRHA uses to conceive, carry out and monitor its own task, as well as presents the statement of values and philosophy.

   3.4 Board of Directors-CEO Relationship: How power is delegated and its proper use monitored; the CEO role authority, and accountability.

4. Determine staff performance in achieving the results defined in the Ends/Outcome policies, and not exceeding the constraints in Executive Limitations policies, through monitoring and evaluation of the Chief Executive Officer.

5. Develop statements of principles and positions related to public policy that represent the health interests of the community.

More specifically, the SCRHA will:

1. Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or programmatic means of attaining those effects.

2. Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address:
   (a) the desired results;
   (b) the boundaries of prudence and ethics;
   (c) SCRHA roles and responsibilities and
   (d) the Board-CEO relationship.

3. Enforce upon itself and its members whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in SCRHA policies.

4. Be accountable to the general public for competent, conscientious, and effective accomplishment of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.

5. Initiate policy, not merely react to initiatives.

6. Monitor and regularly discuss the Board of Director's own process or performance. Provide continuity of its governance by continuing education and development.

7. Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.

SCRHA Board of Directors

The SCRHA is governed by the Board of Directors. The SCRHA Board of Directors consists of 12 individuals from various communities within the Sun Country Health Region who are appointed by the Minister of Health. There is a current vacancy on the Board.

Committee Structure

The Committees of the Board of Directors exist to assist in decision making to carry out their responsibilities. The Board has two (2) working committees: the Finance and Audit Committee and the Executive Committee.

Finance and Audit Committee: Board membership is appointed by the Board of Directors. The Committee oversees the management of all funds, in accordance with Provincial guidelines and Generally Accepted Accounting principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.

The Executive Committee: The purpose of the Executive Committee of SCRHA is to make decisions on behalf of the Board that require urgent attention when it is not possible to obtain a quorum of the Board.

Authority: The Committee does not have authority to change or contravene Board policies.
Membership: The committee consists of:

- Board of Directors chairperson, who acts as chair of the committee.
- Board of Directors Vice Chair
- Board of Directors members (2)
- President/CEO

Administrative support: The President/CEO or designate provides administrative support to facilitate the work of the Committee.

Meetings: Meetings are held at the call of the chair. Minutes of the meeting are distributed to all members of the Board of Directors. Minutes of the meeting are maintained with Board of Directors' minutes.

Reporting: The Executive Committee reports to the SCRHA Board of Directors by submission of a written report with appropriate verbal comment from the Committee Chair.

Health Advisory Networks

SCRHA has established working relationships with community based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Committees to accomplish the activities envisioned for the Health Advisory Networks.

The organizations we have built relationships with are:

- **Bengough Health Advisory Committee**
- **Borderline Housing Board of Directors**
- **Brock Union Hospital Foundation Corporation**
- **Carievale Community Health Advisory Committee**
- **Coronach Health Advisory Committee**
- **Creighton Lodge Trust Committee**
- **Father Yandeau Memorial Foundation**
- **Fillmore Community Health Advisory Committee**
- **Fillmore Health Centre Trust Committee**
- **Gainsborough & Area Health Centre Trust Committee**
- **Galloway Trust Committee**
- **Golden Years Suite**
- **Kipling District Health Foundation**
- **Lampman Community Health Centre Trust Committee**
- **Mainprize Manor & Health Centre Trust Committee**
- **Maryfield Community Non-Profit Corporation**
- **Moose Mountain Lodge Foundation**
- **Pangman Health Advisory Committee**
- **Radville Marian Health Centre Board of Directors**
- **Redvers & District Community Health Foundation Inc.**
- **St. Joseph's Hospital Foundation**
- **St. Joseph's Hospital in Estevan Board of Directors**
- **Wawota Health Care Foundation Inc.**

Public Transparency

Maintaining public transparency is a process that is ongoing. Significant achievements include:

- Establishing a plan for disseminating information to staff members and community representatives about plans and directions.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- Various presentations to staff and community groups about the identity and services offered.
- The printing and making available of copies of the Annual Report and on the SCRHA website.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.

Members of the Sun Country Regional Health Authority

Earl Kickley, Chair

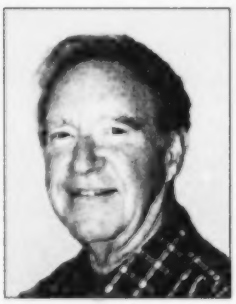
Sharon Bauche
Vice Chair

Maurice Koszman

Darlene
Standing Ready

Jack McFarlane

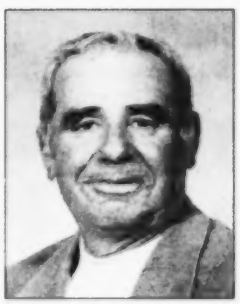
Vernon Palmer


Dave Kerr

Rita Dash

Marguerite
Gallaway

Larry Ward


Allan Arthur

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2007

Electronic versions of the payee list can be found at: http://www.health.gov.sk.ca/sun-country-health-region

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

ADAMS, KEN C	124,067.79
AKINS, SHENAN	80,788.58
ALELUNAS, PAT	77,936.69
ALLAN, MAY	56,705.96
ALLEN, CARRIE	54,689.82
ANAKA, VERONICA	56,909.82
ANDERSON, CAROL	62,523.55
ANDREWS, CAROLYN	77,885.58
ASH, SCOTT	53,746.46
AVERY, SHELLEY	62,337.95
BAHT, JODI	59,469.05
BAKALUK, RANDALL	57,913.78
BAKKE, LORNA	96,393.81
BALOG, KIMBERLY	61,776.92
BANGSUND, PATTY	66,504.27
BARNABAS, IDA	91,714.35
BARSI, DOROTHY	65,854.68
BATES, MARJORIE	63,774.33
BATTERS, SHARON	64,611.39
BEAHM, JAN	62,936.74
BEATTIE, KELLY	67,891.85
BEAUDRY, DEBORAH	104,053.62
BEDORE, TRACY	70,301.35
BELIVEAU HILL, KAREN	59,770.99
BEST, SHERLYNNE	74,976.73
BIEBERDORF, NATALIE	81,201.29
BLACKSTOCK, BERNIE	71,064.27
BLACKSTOCK, LINUS	59,323.32
BLEZY, DIANNE	78,253.71
BOARDMAN, SHELLEY	56,011.71
BODE, JEAN L	70,233.17
BOSTOCK, KRISTA	72,490.68
BOUTIN, AGNES	75,997.22
BRAATEN, LUCILLE	54,211.70
BRADY, MARILYN	52,792.90
BRESCIANI, DOUGLAS	82,063.62
BREWER, BEVERLY	61,133.39
BROWN, CAROL	72,264.72
BROWN, PAULA	62,370.91
BRUMFIELD, BARRY	56,714.94
BUCKINGHAM, JOAN	60,576.46
BURAK, BRENDA	68,471.13
BURGESS, SUSAN	64,242.08
BURLEY, GORDON	55,421.44
BYE, CANDY	84,593.85
BYRD, GENNARINA	67,031.27
CAMERON, VALERIE	58,586.67
CHAPMAN, BECKY	56,892.92
CHARLES, LAUREL	87,109.94
CLARK, SUSAN	61,102.87
CLARK, BARBARA	59,507.46
CLAUDE, MIKE	74,598.98
CLEASBY, SANDRA	72,068.54
CLEMENTS, MARIE	50,746.54
COAD, SUSAN	51,796.20
COBB, LENORA	78,299.35
COLE, LAURIE	70,205.20
COLLARD, MARIE	78,849.77
COLLARD, CLEMENT	70,690.56
COONEY, DONNA	92,292.37
CORNISH, MARNELL	87,173.38
COWAN, CARLA	58,651.99
CRASSWELLER, PATRICIA	73,198.30
CROSS, KENNETH	69,512.56
CROSS, SHANNON	56,910.11
CUGNET, MARGARET	124,067.82
CUGNET, HEATHER	51,338.71
DAKU, JEAN	75,401.62
DANYLUK, SYLVIA	75,402.90
DAVIS, KATHY	87,618.46
DAVIS, DONNA	57,553.53
DEREN, MARY	55,064.72
DEVRIES, LORIE	65,526.09
DEW, CATHARINE	57,423.97
DEW, HEATHER	56,625.29
DOMES, DAWNE	53,493.20
DONALD, DOBRILA	81,294.37
DORSCH, HELENE	74,138.88
DOUGLAS, ERIC	62,726.73
DREBNICKI, STACEY	65,688.42
DUFFUS, LINDA	76,341.13
DUXBURY, LAVAUGHN	54,189.11
EALEY, PAULA	52,601.17
EARL, SHAUNA	57,254.59
EAST, DEANNA	55,333.51
EASTON, COLLEEN	83,813.68
EBEL, JANET	68,607.30
EDDY, CHARLES	75,434.78
EDDY, SHAUNA	53,181.44
EHMAN, DON	124,067.81
ELIAS WHITE, JENNIFER	75,808.77
ELLIOTT, JASON	53,058.24
FARNDEN, JOANNE	79,392.68
FARR, BECKY	66,180.81
FEDAK, MERLE	79,459.55
FICHTER, TAMARA	57,686.32
FISH, KELLY	64,487.27
FLECK ZEPICK, KARYN	61,362.77
FOLK, LISA	59,600.29
FONG, GLORIA	101,014.44
FORNWALD, JUDITH	86,037.99
FORSETH, SHARON	55,225.50
FOX, MARVIN	69,798.13
FRATER, APRIL	58,576.68
FREEMAN, BRENDA	87,174.77
GABRIEL, MAUREEN	78,795.00
GARVEY, CARON	63,926.51
GERESOLA, FEBE	84,481.68
GERVAIS, JANIS	57,892.80
GERVAIS, TAMMY	52,014.95
GIBSON, SYLVIA	76,469.30
GIBSON, SUZANNE	52,700.66
GIRARDIN, THERESA	77,015.77
GIROUX, JANICE	123,972.72
GOBEIL, LOUISE E	70,695.64
GOERES, MURRAY	99,991.30
GORDON, LINDA	75,401.80
GREEN, DIANNA	70,219.52
GREENING, JEFFERY	67,702.59
GUENTHER, CRYSTAL	70,159.12
GUILLOUX, EDITH	70,778.96
GUTHEIL, CAROLE B	70,115.84
HAMMELL, LAURIE	53,086.64
HANSON, JUDY	52,467.82
HASE, WENDY	52,564.55
HAUGLUM, TERRY	72,174.54
HAUPSTEIN, PAMELA	93,872.06
HAUPSTEIN, DARLENE	53,321.74
HEAMAN, JENNA	62,075.34
HELMER, JOANNE	52,550.82
HENRICKSEN, ROSEMARY	74,799.53
HENRY, KAREN	74,441.32
HEPTING, BONNIE	87,443.15
HERBERHOLZ, DONALD	57,130.23
HERBERHOLZ, KARLY	55,653.34
HERMAN, COLLEEN	56,962.16
HERMANN, HOLLEY	63,680.41
HILL, G RONALD	87,176.09
HILL, LAURIE	68,994.70
HILL, MARILYN	51,540.56
HILLSTEAD, TAMMY	50,070.89
HOFFART, SHELLEY	68,486.62
HOFFART, DEANNA	64,637.69
HOIUM, CYNTHIA	74,197.23
HOLLINGSHEAD, JOANNE	86,331.56
HOUSTON, NORA	86,080.20
HOWSE, KEITH	52,006.14
HUEL, TANIA	71,295.98
HUME, LYNETTE	74,995.82
HUNT, JENNIFER	67,462.24
HUNTER, CHRISTINA	68,194.97
IRWIN, SARA	86,198.87
ISLEIFSON, BERTHA	52,693.48
JANZEN, ELAINE	74,054.93
JOHNSON, CHERYL	68,240.26
JOHNSON, ANNE	67,215.69
JOHNSON, JOANNE	65,156.12
JOHNSON HALLBERG, LISA	78,158.69
JONASSEN, LOUANNE	68,341.04
KAPELL, TAMARA	69,940.93
KAPELL, RILLA	66,361.23
KATSCHKE, LORNA	68,798.80
KEHLER, ANITA	60,177.21
KELLY, SHALAINE	61,740.51
KENNETT RUSSILL, DEBRA	53,750.13
KERR, JANE	74,835.27
KESSLER, PATRICIA	87,280.16
KETURAKIS, MARY JANE	65,475.89

KEW, VIVIAN	51,682.12
KITCHEN, DONNA	53,851.67
KLEIN, SAMANTHA	63,024.27
KLEPPE, LAURIE	52,068.82
KNOX, BOBBI JO	59,573.88
KOBITZ, SHEILA	53,610.47
KOPEC, CANDACE	57,632.18
KOSIOR, DEBORAH	62,002.72
KOT, GRACE	69,547.21
KRAEMER, MAUREEN	74,520.95
KRAEMER, ELAINE	51,387.76
KUNTZ, BARB	52,109.75
KYRYLCHUK, JUDY	70,959.74
LALIBERTE, GLORIA	55,788.12
LAMONTAGNE, SHIRLEY	67,319.03
LANKTREE, CARRIE	50,127.36
LAROSE, MICHELLE	64,947.79
LARSON, SHEILA	97,757.30
LARSON, JODY	56,887.63
LAURENT, DEBRA	86,331.57
LAUTNER, FREDA	58,419.20
LAWRENCE, KELLY	53,191.64
LAWRENCE, LEANNE	51,667.68
LEE, MICHAEL	96,896.16
LEE, COLLEEN	72,540.51
LEMIEUX, MELANIE	72,870.35
LESY, J VAUNE	57,271.36
LODEN, CATHERINE	61,123.73
LONOWAY, WESLEY	58,519.35
LOW, LAURA	55,698.61
LUSCOMBE, MICHELLE	69,828.48
MAAS, BRIAN	59,421.06
MACCLEARY, ANGELA	70,338.49
MACPHEE, ALAN	70,325.17
MAGNIEN, VALERIE	77,354.15
MANNS, DANIEL	54,378.41
MANTEI, LANA	73,929.14
MARCOTTE, VANESSA	68,889.40
MARCOTTE, JANE	57,682.80
MAREK, PATRICIA	57,138.97
MARSHAK, ESTHER	67,771.11
MARSHALL, GWENDA	58,283.22
MARTIN, KELLI	52,069.99
MATSALLA, DONNA	70,475.74
MAURER, DAWN	81,670.83
MAY, PATRICIA	86,000.80
MAYER, RANDY	56,594.16
MCAULEY, RICHELLE	54,380.12
MCCALLUM, TRENT	70,081.07
MCCLARTY, LEILA	86,331.55
MCCORMICK, JUDITH	80,552.26
MCFADDEN, KATHY	57,394.50
MCKAY, MONA	68,652.38
MCKEE, PENELOPE	52,367.18
MCLEOD, IRENE	80,319.69
MEGENBIR, JOHN	62,734.63
MESSER, TRACY	58,009.12
METZLER, BETTY	71,167.66
MILDENBERGER, CHRIS	70,246.05
MILLER, GLORIA	70,598.38
MILLER, WANDA	70,239.93
MILLER, JOAN	67,928.87
MILLER, ERIN	55,285.90
MILLIGAN, CONNIE	56,425.58
MILTON, JULIE	62,564.29
MITTEN, MICHELE	77,480.07
MLYNARSKI, STEPHANIE	72,739.19
MOFFAT, JACK	60,540.48
MOHR, SUSAN	63,191.99
MOONEY, DERRICK	76,637.85
MORRICE, JENNIFER	56,760.68
MORRICE, CINDY	51,753.69
MORROW, DANIEL	55,484.90
MULHALL, SHARON	70,127.08
MURRAY, JOHN	64,678.18
NAULT, BETTY	57,190.11
NAVIAUX, BARBARA	55,259.67
NESBITT, ESTHER	65,853.07
NICHOLSON, NOLA	52,966.54
NICOLAY, RHONDA	51,870.48
NIEVERGELT, MONIKA	64,444.57
NIGHTINGALE, LAURIANNE	53,231.66
OBST, DEBORAH	72,035.48
OCHITWA, KAREN	78,342.77
OLFERT, LARRY	54,602.97
ONSTAD, DELINDA	68,457.23
OXELGREN, SONIA	70,921.12
PANTELUK, LORI	63,133.70
PAULSON, C GRANT	86,812.94
PENNY, MURRAY	54,477.07
PETERSEN, LEAH	70,904.94
PETERSON, MYRNA	86,331.56
PETERSON, CAROLYN	59,187.36
PETTITT, MARK	73,959.73
PICK, PAMELA	75,201.74
PIERCE COLBOW, DEANNA	63,707.22
PIERSON, KELLY	61,286.33
PLONKA, GRACE	72,862.03
PONCE, VERONICA	54,665.46
POSPISIL, NONA	57,415.21
POWER, HOLLY	53,385.73
PRATT, JUDY	58,586.65
PRYZNYK, GALE K	67,174.09
PRYZNYK, SHAWN	78,150.20
PURVIS, DIANA	62,660.29
PYETT, SHERRY	55,631.54
RAJOTTE, TERRI	69,519.55
RAPITTA, CARMEN	57,084.82
RESTAU, FLORIE	66,616.60
ROBINSON, BRADLEY	75,104.23
RODENBUSH, DALE	103,870.20
RODINE, JOYCE	75,748.24
ROESCH, WILFRED	64,779.84
ROMAN, ROBERTO	51,364.38
ROR, LINDA	81,184.69
ROTHWELL, TRACEY	53,345.54
ROY, JASON	70,740.49
ROY, RICHARD	60,225.84
RYGH, ROBERTA	66,127.63
SALMERS, MARLENE	68,456.88
SAMPSON, PAULA	58,283.95
SANDERCOCK, TIFFANY	69,211.47
SANDGAARD, MARILYN	62,065.54
SANDIFORD, JEANNETTE	85,372.92
SANDSTROM, CORINNE	62,210.50
SANGSTER, JANIS	65,322.08
SATRE, TANIA	77,359.71
SAUNDERS, LESLIE	63,845.67
SAWIN, LORNA	78,130.77
SCHAFFER, MARY ANNE	58,586.67
SCHENK, CHRISTINE	50,570.02
SCHINDEL, SHARON	69,958.97
SCHLACTER, JEANNIE	64,197.43
SCHMIDT, EUGENE	75,402.90
SCHMIDT, LAURIE	62,707.83
SCHMIDT, JASON	60,796.18
SCHMIDT, LENNA	58,586.67
SCHULTZ, DUANE	96,423.55
SCHULTZ, LORRIE	56,190.62
SELLERS, BETTY	50,886.97
SHAVER, NORMA	76,090.06
SHAW, THOMAS	72,250.57
SHAW, GAIL	52,785.83
SHELSTAD, CAROL	64,266.16
SJARE, MIKE	75,402.90
SJOSTRAND, JANICE	70,052.68
SMITH, SHERRI	51,952.87
SOVDI, COLLEEN	53,916.13
STEELE, KATHLEEN	73,289.53
STEENKAMP, TARYNNE	55,244.36
STEIN, BRENDA	73,849.65
STEININGER, TERRY	81,285.74
STEININGER, LIVIA	58,654.09
STEPHANY, GENE	86,523.47
STRELIEFF, HELEN	56,654.21
STRUBLE, ANNAMARIE	51,107.30
STYLES, NANCY	60,624.97
SWERTZ, STELLA	54,446.50
TANT, CALVIN	177,151.83
TEDFORD, GARRY	67,409.64
THERA, SHIRLEY	63,156.78
THIELE, JOYCE	82,940.31
THOMPSON, DEBORAH	81,318.18
THOMPSON, LAURA	53,584.22
THOMSON, SCOTT	92,539.98
THUEN, DEBORAH	70,727.28
TIFFEN, MONIQUE	55,711.42
TISDALE, JEAN	63,071.00
TOMILIN, BARBARA	53,996.79
TOURAND, DENISE	53,557.42
TREBICK GIBSON, CORINNE	74,540.96
TREMBLAY, LARAINE	85,231.12
ULMER, THERESA	70,479.93
VAN WINKOOP, BERYL	55,514.61
VANSTONE, JEWELL	60,066.30
VERMEULEN, CHRISTA	79,937.59
VIERGUTZ, SUSAN	67,354.14
WAGNER, JANICE	81,362.22
WALBAUM, KENDRA	76,848.95
WALKEDEN, ERIN	51,864.34
WALL, RHONDA	66,902.71
WARD, COREEN	84,720.88
WARD, STEPHANIE	65,596.86
WARNER JOHANSON, SHEILA	54,358.26
WARREN, NANCY	68,926.31
WATLING, JOSEPHINE	68,613.75
WATSON, ROD	73,099.21
WHEELER, SHIRLEY	78,726.37
WILES, LINDA	69,818.31
WILLETTE, STEPHANIE	52,320.99
WILSON, LINDA	86,331.40
WILSON, TANNIS	71,812.68
WILSON, DIANNE	56,884.11
WOLFE, DONNA	62,745.74

WRIGHT, BERNADETT	86,331.38
WRIGHT, BARBARA	59,135.97
WYSMINITY, LINDA	64,351.29
YEIK, CAROLE	60,452.79
YOUNG, CHENOA	67,068.57
ZAMBORY, TRACY	66,519.97
ZENKAWICH, STEVEN	59,269.79

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Borderline Housing Co. Inc.	1,298,716
Canadian Mental Health Association	108,036
Fillmore Ambulance	73,260
Radville Marian Health Centre	2,802,783
SMILE Services Inc.	51,709
St. Joseph's Hospital	12,863,216
Supreme Ambulance (Carlyle)	307,769
Weyburn Group Home Society Inc.	240,437

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Banerjee, Dr. Some N.	369,507
Beckman Coulter Canada Inc.	55,750
Bunzl Distribution	103,872
C.J. Meyer Medical P.C., Inc.	100,000
Can-Med Healthcare	62,787
CEG Energy Options Inc.	210,655
City of Weyburn	93,785
CPDN	172,150
Crane Supply	70,603
Custom Roofing Inc.	60,325
Dade Behring Canada Inc.	67,540
Deloitte Inc.	164,589
Denson Commercial Food Equipment Inc.	56,830
Executive Source Consulting Group	119,603
Fong, Dr. Philip	171,076
Grand & Toy Office Products	71,742
Hospira Healthcare Corporation	125,928
Hudson, Dr. Shauna	163,151
IBM Canada Ltd.	250,073
Independent Living Inc.	64,264
Insight Canada Inc.	65,073
Janitor's Warehouse	59,067
Johnson & Johnson Medical Products	238,937
KCI Medical Canada Inc.	76,571
Kramer	50,590
MacPherson Leslie & Tyerman	50,937
Marsh Canada Ltd.	281,495
McKesson Canada	95,625
Medical Centre	70,105
Medical Professional Corporation	92,803
Medtronic of Canada	89,066
Minister of Finance	77,619
Olympus Canada Inc.	58,637
Padayachee, Dr. Vino	77,274
Pendot Medical Inc.	152,089
Perry, Dr. N.	68,642
Philips Medical Systems Canada	119,432
Quality Life Services Inc.	313,109
Radiology Associates of Regina	193,340
Regina Qu'Appelle Health Region	124,085
Saskatchewan Power Corporation	986,737
Saskatchewan Property Management	816,617
Saskatchwan Telecommunications	397,476
SaskEnergy Incorporated	746,228
Schaan Healthcare Products	496,609
Solutions Staffing Inc.	50,603
Source Medical Corporation	51,351
St. Joseph's Hospital	1,093,779
Stantec	66,076
Stevens Company Ltd.	103,765
Stryker Canada Inc.	60,643
Suberu, Dr. G. B.	338,999
Sunspun Food Services	70,945
Synergy Industrial Water Treatment Inc.	53,077
Sysco Food Services West Inc.	757,274
The Border-line Housing Company (1975) Ltd.	302,817
The Noblet Design Group	279,740
Tyco Healthcare Canada Inc.	71,120
VFA Canada Corporation	98,997
Vitalaire Healthcare	53,016
Weyburn Dairy Distributors	68,707

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Citicorp Vendor Finance Ltd.	71,480
Credit Union Master Card	372,588
CUPE Employment Strategy Committee	96,062
CUPE Local 5999	762,788
Great West Life Assurance Company	465,853
Health Sciences Association of Sask.	77,725
London Life	109,345
Public Employees Pension Plan	172,058
Public Service Superannuation Board	53,828
Receiver General for Canada	17,795,138
Royal Bank of Canada - Weyburn	61,779
Sask Workers' Compensation Board	614,779
Sask Works Venture Fund Inc.	74,886
Saskatchewan Association of Health Organizations	4,162,833
Saskatchewan Finance	62,789
Saskatchewan Healthcare Employees Pension Plan	6,382,826
Saskatchewan Registered Nurses' Association	104,972
Saskatchewan Union of Nurses	227,434

Performance Management Summary

The Saskatchewan Ministry of Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators-measures of progress toward, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each Region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*		May 2005 *(next scheduled date May 2008)*	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*		144	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*		83%	86%	52% – 99%	*to be determined*
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	1,085.02	*not applicable*	*not applicable*	*not applicable*
	HSAS	85.86			
	OOS/OTHER[1]	142.11			
	SUN	250.26			
	Organization as a whole	1,563.25			

Indicator		RHA Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	32.40	45.68	18.53 – 91.96	*to be determined*[3]
	HSAS	58.41	23.72	0.10 – 131.05	*to be determined*[3]
	OOS/OTHER[1]	5.40	3.41	0.21 – 13.02	*to be determined*[3]
	SUN	45.94	84.78	32.83 – 351.02	*to be determined*[3]
	Organization as a whole	33.54	48.46	18.95 – 131.14	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	77.7%	77.3%	73.3% – 80.2%	*to be determined*[3]
	HSAS	77.0%	79.9%	73.0% – 81.6%	*to be determined*[3]
	OOS/OTHER[1]	82.0%	81.8%	75.0% – 84.2%	*to be determined*[3]
	SUN	75.4%	74.0%	65.8% – 76.8%	*to be determined*[3]
	Organization as a whole	77.7%	77.2%	72.5% – 79.9%	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	93.49	89.48	70.26 – 108.76	*to be determined*[3]
	HSAS	87.82	68.08	50.61 – 108.78	*to be determined*[3]
	OOS/OTHER[1]	48.85	50.23	41.95 – 70.10	*to be determined*[3]
	SUN	90.51	89.48	52.15 – 94.79	*to be determined*[3]
	Organization as a whole	88.65	84.35	65.01 – 100.96	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2007/2008*		5.25	7.12	0.00 – 9.02	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2007/2008*		499.28	451.26	0.00 – 677.35	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		0.8%	*not available*	*not applicable*	*to be determined*
Financial					
Surplus (deficit)[30] *2007/2008*		$21,550	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[30] *2007/2008*		0.0%	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%

Indicator		RHA Value	Provincial Value	Range	Target
Working capital ratio (current ratio)[30] *2007/2008*		0.89	*not applicable*	0.31 – 1.80	*to be determined*
Number of days able to operate with working capital[30] *2007/2008*		(21.59)	*not applicable*	(62.32) – 39.28	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of patient years of dialysis provided in the current fiscal year[7] *2007/2008*	Peritoneal	–	*not applicable*	*not applicable*	*to be determined*
	Hemodialysis	3.86			*to be determined*
	Total	3.86			*to be determined*
Total number of patients seen at Telehealth sites within the RHA *2007/2008*		111	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education via Telehealth *2007/2008*		971	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education via Telehealth *2007/2008*		103	*not applicable*	*not applicable*	*to be determined*
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months[12] *2007/2008*	Number	50	*not applicable*	*not applicable*	*not applicable*
	Percentage	30.5%	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[12] *2007/2008*	Number	14	*not applicable*	*not applicable*	*not applicable*
	Percentage	8.5%	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[12] *2007/2008*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	9.2%	0.0% – 11.7%	0%

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	47.4%	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	32.5%	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	81.3%	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	99.4%	89.2%	83.4% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	101.6%	99.4%	92.2% – 114.6%	100%
	Variance from target	10	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Case mix index for institutional supportive care facilities[13] *as at the end of Q2 2007/2008*		0.748	0.782	0.748 – 0.811	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing healthy food / nutrition policies *as of September 1, 2007*		8.7	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[14] *July 1, 2006 to June 30, 2007*	Diphtheria	85.3	69.8	53.3 – 85.7	*to be determined*
	Measles	82.0	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) *2006/2007*		68%	63%	52% – 70%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act, 1994*) *2007/2008*	FEE – Food Eating Establishment	91	*not applicable*	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	77	*not applicable*	50 – 100	
	LA – Licensed Accommodations	46	*not applicable*	46 – 100	
	SP – Swimming Pools	86	*not applicable*	55 – 100	
	Public Water Supplies	67	*not applicable*	43 – 100	

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[15] *2007/2008*		98.3%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*[16]	Males	21.96	25.13	19.95 – 41.75	*to be determined*
	Females	25.69	23.30	16.36 – 32.31	
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population *2005/2006*	Incidence	4.6	5.4	1.3 – 7.3	*to be determined*
	Prevalence	62.9	62.0	17.3 – 81.4	
Percentage of increase in needle exchange rates over previous year[17] *2006/2007*		*not applicable*	11.2%	-42.2% – 170.6%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2006/2007*		73.9%	57.9%	34.7% – 73.9%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services[18] (in days) *2007/2008*		10.9	*not applicable*	*not applicable*	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		9.33%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	0	*not applicable*	*not applicable*	*not applicable*
	Q2	0			
	Q3	0			
	Q4	1,718			
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	1,431	*not applicable*	*not applicable*	*not applicable*
	Q2	1,534			
	Q3	1,372			
	Q4	1,413			
	Year as a whole	5,750			
Number of new (in development and	New teams in development	0	*not applicable*	*not applicable*	*not applicable*

Indicator		RHA Value	Provincial Value	Range	Target
	New teams established	2			
	Enhanced teams	0			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2006/2007*		5.77%	0.76%	0.00% – 10.10%	*to be determined*
Mental Health and Addiction Services					
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services[19] *2006/2007*	ADC	5	173	5 – 51	*to be determined*
	Occupancy rate	52.5%	75.7%	52.5% – 91.7%	*to be determined*
	ALOS	17.4	15.1	10.2 – 19.1	*to be determined*
Percentage of mental health inpatient separations where readmission occurred within 7 days[19] *2006/2007*		2.7%	4.9%	1.2% – 9.2%	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[30] *2007/2008*		5.0%	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[25] *2002-2004*		8.0	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[25] *2002-2004*		5.5	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[25] *2002-2004*		14.7	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[26]	Circulatory Diseases	817.9	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,706.8	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	246.4	222.9	63.5 – 376.5	
	Unintentional Injuries	1,209.9	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	316.9	412.1	315.1 – 628.5	

Indicator		RHA Value	Provincial Value	Range	Target
Disability-free life expectancy (at birth)[15] *1996*[27]	Males	67.3	66.6	61.8 – 69.2	*to be determined*
	Females	71.6	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996*[27]	Males	11.1	11.2	8.7 – 12.1	*to be determined*
	Females	13.2	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001*[28]	Males	76.8	76.2	72.1 – 78.2	*to be determined*
	Females	81.2	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001*[28]	Males	16.7	16.9	15.6 – 18.0	*to be determined*
	Females	20.6	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*[16]		52.11	52.35	39.86 – 57.96	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*[16]	Overweight (BMI 25.0-29.9)	30.53	32.52	30.53 – 36.12	*to be determined*
	Obese (BMI 30.0+)	20.35	20.03	16.88 – 24.19	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*[16]	Active / moderately active	48.25	48.62	38.60 – 53.35	*to be determined*
	Inactive	49.65	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason *2006/2007*	General Practitioners	13,683	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	2,081			
Age-sex adjusted diabetes prevalence rate per 1,000 population[29] *2005/2006*		53.0	*not applicable*	44.3 – 101.7	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	13.4	10.6	7.2 – 17.7	*to be determined*
	Females	9.2	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2005/2006*	Males	20.6	14.3	8.6 – 35.3	*to be determined*
	Females	33.1	26.4	21.7 – 39.9	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, Sun Country, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.

11 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

12 The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

13 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions. Please note that the methodology for both indicators is currently being revised, and that values may change from those previously reported.

14 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.

17 Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

18 Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.

19 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

20 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

21 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only. 2007-08 results for Keewatin Yatthé and Regina Qu'Appelle are based on a very low number of cases, and therefore may not be reliable.

22 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only. 2007-08 results for Keewatin Yatthé and Mamawetan Churchill River are based on a very low number of cases, and therefore may not be reliable.

23 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

24 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

25 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.

26 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.

27 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

28 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

29 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

30 Values are based on data from final, unaudited financial statements.

2007-08 Financial Report

Sun Country Regional Health Authority Financial Statements, March 31, 2008.

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May 13, 2008

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Calvin A. Tant, MHSc, CHE
President & CEO

Pamela Haupstein, CA
Regional Director of Finance

Auditors' Report

To the Members of the Board of Sun Country Regional Health Authority:

We have audited the statement of financial position of Sun Country Regional Health Authority as at March 31, 2008 and the statements of operations, supporting schedules, and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Sun Country Regional Health Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Virtus Group LLP

May 13, 2008
Regina, Canada

Chartered Accountants

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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2008

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	2008 Total	(restated) 2007 Total (Note 10 & 18)
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 4,535,343	2,761,701	1,703,772	9,000,816	6,511,338
Restricted Cash and Investments (Schedule 2)	560,073	-	-	560,073	585,778
Accounts Receivable					
Saskatchewan Health - General Revenue Fund	98,989	-	-	98,989	224,427
Accounts Receivable - Interfund	173,702	-	(173,702)	-	-
Other	1,225,298	-	37,002	1,262,300	833,422
Inventories	782,832	-	-	782,832	762,235
Prepaid Expenses	133,261	-	-	133,261	578,158
	7,509,498	2,761,701	1,567,072	11,838,271	9,495,358
Investments (Schedule 2)	15,769	-	1,005,703	1,021,472	1,280,284
Loan Receivable (Note 5)	-	-	100,000	100,000	100,000
Capital Assets (Note 3)	-	43,666,970	-	43,666,970	45,617,910
Total Assets	**$ 7,525,267**	**46,428,671**	**2,672,775**	**56,626,713**	**56,493,552**
Liabilities					
Current Liabilities					
Accounts Payable	$ 1,893,524	163,397	-	2,056,921	2,073,256
Accrued Salaries and Benefits	4,293,750	-	-	4,293,750	3,439,066
Accrued Vacation	5,682,642	-	-	5,682,642	5,447,417
Mortgages Payable - Current (Note 7)	-	342,493	-	342,493	325,986
Obligation under Capital Lease - Current (Note 4)	-	70,422	-	70,422	67,945
Deferred Revenue (Note 8)	880,879	-	-	880,879	723,933
	12,750,795	576,312	-	13,327,107	12,077,603
Mortgages Payable (Note 7)	-	5,546,756	-	5,546,756	5,892,759
Obligation under Capital Lease (Note 4)	-	24,412	-	24,412	84,602
Total Liabilities	**12,750,795**	**6,147,480**	**-**	**18,898,275**	**18,054,964**
Fund Balances					
Invested in Capital Assets	-	37,519,490	-	37,519,490	39,093,856
Externally Restricted (Schedule 3)	550,742	2,383,295	2,672,775	5,606,812	4,681,384
Internally Restricted (Schedule 4)	9,331	378,406	-	387,737	516,853
Unrestricted	(5,785,601)	-	-	(5,785,601)	(5,853,505)
Total Fund Balances	**(5,225,528)**	**40,281,191**	**2,672,775**	**37,728,438**	**38,438,588**
Total Liabilities & Fund Balances	**$ 7,525,267**	**46,428,671**	**2,672,775**	**56,626,713**	**56,493,552**

Approved by the Board:

Earl Kickley, Board Chair

Alan Arthur, Finance and Audit Committee Chair

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31, 2008

	Operating Fund			Restricted Funds			
	Budget 2008 (Note 12)	2008	(restated) 2007 (Note 18)	Capital Fund 2008	Community Trust Fund 2008	2008	2007
Revenues							
Saskatchewan Health - General Revenue Fund	$ 94,993,714	96,027,940	90,510,226	2,636,274	-	2,636,274	2,563,866
Other Province	341,420	373,633	339,455	144,234	-	144,234	159,509
Federal Government	11,800	2,023	2,460	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	164,486	170,755	157,216	-	-	-	-
Patient Fees	10,570,139	10,751,738	10,030,175	-	-	-	-
Out of Province (Reciprocal)	62,523	33,168	213,267	-	-	-	-
Out of Country	2,065	2,233	8,503	-	-	-	-
Donations	121,648	148,743	174,362	111,276	286,406	397,682	496,503
Investment	165,000	225,603	176,392	80,660	92,498	173,158	163,120
Recoveries	1,000,097	1,424,962	1,379,756	-	-	-	-
Other	158,977	127,144	173,418	750	-	750	25,512
	107,591,869	**109,287,942**	**103,165,230**	**2,973,194**	**378,904**	**3,352,098**	**3,408,510**
Expenses †							
Acute Care Services	26,412,307	26,167,015	24,410,486	1,017,637	-	1,017,637	1,607,652
Physician Compensation - Acute	599,350	584,232	587,474	-	-	-	-
Supportive Care Services	47,829,935	49,465,888	46,589,361	2,412,660	371,101	2,783,761	2,731,758
Home Based Services - Supportive Care	7,440,366	7,486,162	7,043,347	13,770	-	13,770	19,552
Population Health Services	3,597,275	3,443,540	3,622,598	33,354	-	33,354	47,481
Community Care Services	5,135,793	5,054,790	4,490,999	11,831	-	11,831	26,486
Home Based Services - Acute & Palliative	827,006	865,018	749,816	1,300	-	1,300	2,540
Primary Health Care Services	3,327,371	3,211,932	2,969,812	120,169	7,800	127,969	125,406
Emergency Response Services - RHA	4,186,167	4,465,894	3,871,070	92,088	-	92,088	118,007
Mental Health Services - Inpatient	1,672,115	1,839,923	1,721,418	2,087	-	2,087	3,052
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	1,043,157	1,070,670	957,779	-	-	-	-
Program Support Services	5,356,541	5,440,573	5,082,239	-	-	-	-
Special Funded Programs	164,486	170,755	157,216	-	-	-	-
Ancillary	-	-	-	-	-	-	-
	107,591,869	**109,266,392**	**102,253,615**	**3,704,896**	**378,901**	**4,083,797**	**4,681,934**
Excess (Deficiency) of revenues over expenses	$ -	**21,550**	**911,615**	**(731,702)**	**3**	**(731,699)**	**(1,273,424)**
Balance of Funds at beginning of year		(5,267,728)	(5,256,811)	40,864,185	2,842,130	43,706,315	44,057,207
Interfund Transfers (Note 14)		20,650	(922,532)	148,708	(169,358)	(20,650)	922,532
Balance of Funds at end of year		$ (5,225,528)	(5,267,728)	**40,281,191**	**2,672,775**	**42,953,966**	**43,706,315**

† See also Schedule 1 - Expenses Classified by Object

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the year ended March 31, 2008

	Operating Fund		Restricted Funds			
	2008	(restated) 2007 (Note 10 & 18)	Capital Fund	Community Trust Fund	Total 2008	Total 2007 (Note 10)
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 21,550	911,615	(731,702)	3	(731,699)	(1,273,424)
Amortization of Capital Assets	-	-	2,760,825	-	2,760,825	2,883,767
Gain on sale of assets	-	-	(750)	-	(750)	(25,512)
Net change in non-cash working capital						
Saskatchwan Health - General Fund	125,438	2,894,776	-	-	-	40,000
Accounts Receivable - Other	(426,858)	(38,674)	-	(2,020)	(2,020)	(7,106)
Accounts Receivable - Interfund	(26,894)	(25,088)	-	26,894	26,894	25,088
Inventories	(20,597)	2,900	-	-	-	-
Prepaid Expenses	444,897	(61,973)	-	-	-	-
Accounts Payable	(26,970)	531,676	10,635	-	10,635	23,376
Accrued Salaries and Benefits	854,684	(2,562,108)	-	-	-	-
Accrued Vacation	235,225	227,393	-	-	-	-
Deferred Contributions	156,946	(14,840)	-	-	-	-
	1,337,421	1,865,677	2,039,008	24,877	2,063,885	1,666,189
Purchase of Capital Assets	-	-	(809,885)	-	(809,885)	(2,250,654)
Proceeds from sale of Capital Assets	-	-	750	-	750	181,672
Net change in Restricted Cash and Investments	25,705	314,263	-	-	-	-
Purchase of Investments	(2,885)	-	-	-	-	(428,614)
Proceeds from Investments	-	97,229	-	261,697	261,697	-
	22,820	411,492	(809,135)	261,697	(547,438)	(2,497,596)
Repayment of Debt	-	-	(387,209)	-	(387,209)	(371,645)
	-	-	(387,209)	-	(387,209)	(371,645)
Net increase (decrease) in Cash Flow	**$ 1,360,241**	**2,277,169**	**842,664**	**286,574**	**1,129,238**	**(1,203,052)**
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 3,154,453	1,799,816	1,770,329	1,586,556	3,356,885	3,637,405
Interfund Transfers (Note 14)	20,650	(922,532)	148,708	(169,358)	(20,650)	922,532
Net increase (decrease) in Cash Flow	1,360,241	2,277,169	842,664	286,574	1,129,238	(1,203,052)
Balance at end of year	**$ 4,535,344**	**3,154,453**	**2,761,701**	**1,703,772**	**4,465,473**	**3,356,885**
Balance at end of year is comprised of:						
Cash and Cash Equivalents	4,467,755	2,988,993	2,650,471	750,862	3,401,333	2,568,277
Short Term Investments	67,588	165,460	111,230	952,910	1,064,140	788,608
Cash and Short Term Investments (Schedule 2)	**$ 4,535,343**	**3,154,453**	**2,761,701**	**1,703,772**	**4,465,473**	**3,356,885**
Supplementary Cash Flow Information						
Interest Paid	**$ -**	**-**	**305,559**	**-**	**305,559**	**338,516**

(See accompanying notes and schedules)

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Sun Country Regional Health Authority (SCRHA) was created by The Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of The Act.

The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations

i) The SCRHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provided health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre,	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 9 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Fund Accounting

The accounts of the SCRHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

2. Significant Accounting Policies - continued

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by contributor and funding relating to the mortgages. Expenses consist of the amortization of assets and interest expense.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. The cost of inventory is determined by the weighted average method.

f) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

2. Significant Accounting Policies - continued

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Amortization is based on the estimated useful lives of Capital Assets. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The SCRHA is exposed to financial risk as a result of financial instruments. The risks the SCRHA is exposed to are:

i. Price risk which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The SCRHA has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2008			*2007*
	Cost	Accumulated Amortization	Net	Net
Land	$ 724,603	$ -	$ 724,603	$ 724,603
Land Improvements	785,915	610,272	175,643	209,199
Leasehold Improvements	341,326	340,626	700	6,526
Buildings	67,457,860	28,696,482	38,761,378	40,362,498
Equipment	10,594,908	6,782,089	3,812,819	4,100,515
Under Capital Lease:				
Land	25,000	-	25,000	25,000
Building	164,268	24,724	139,544	148,259
Equipment	69,104	41,821	27,283	41,310
	$ 80,162,984	$ 36,496,014	$ 43,666,970	$ 45,617,910

4. Commitments

a) Capital Asset Acquisitions

SCRHA received $1,801,424 Capital funding from Saskatchewan Health in 2008 for the purchase of various capital assets. At March 31, 2008, there remained $1,132,615 to be used to acquire capital equipment in 2009.

b) Capital Life Safety/Emergency & Infrastructure Projects

SCRHA received $325,000 Capital funding from Saskatchewan Health in 2008 for specific capital projects. At March 31, 2008, there remained $282,127 to be used for these projects. Due to the time needed for project development and tendering, these projects are planned to be completed by March 31, 2009.

c) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2009	$ 185,818
2010	$ 155,437
2011	$ 104,806
2012	$ 65,391
2013	$ -

d) Capital Leases

Minimum annual payments under capital leases on equipment, land and building over the full lease term are as follows:

	Equipment	Land and Building	Total
Interest rate	6.15%	4.69%	
Expiry date	January 31, 2011	March 31, 2009	
2009	$ 16,010	$ 55,910	$ 71,920
2010	16,010	-	16,010
2011	12,006	-	12,006
Total minimum lease payments	44,026	55,910	99,936
Amount representing interest	(3,604)	(1,498)	(5,102)
Balance of the obligation	40,422	54,412	94,834
Less: Current Portion	(16,010)	(54,412)	(70,422)
	$ 24,412	$ -	$ 24,412

5. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E. 2000 Organization Inc. to lend them $100,000 interest free. The payment terms are to pay $50,640 annually starting after the M.O.R.E. 2000 Organization Inc. has fully paid off their existing Mortgage Debt which is estimated to be sometime in 2009.

6. Patient and Resident Trusts Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank account. Funds held in trust are not included in these financial statements. Total funds held in trust are summarized as follows:

	2008	2007
Sun Country Regional Health Authority - Resident Trust	$ 49,162	$ 49,963
Souris Valley Extended Care Centre – Resident Bazaar	59,442	56,375
Weyburn Mental Health Centre – Resident Bazaar	118,706	115,345
	$ 227,310	$ 221,683

7. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2008	2007
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $35,632 is subsidized by SHC. Yielding an effective interest rate of 2.017%. Mortgage renewal date - August 1, 2016	$ 1,084,986	$ 1,143,295
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	100,828	106,553
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	108,090	118,012
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	75,173	77,989
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	336,104	343,797
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $52,238 is subsidized by SHC. Yielding an effective interest rate of 1.388%. Mortgage renewal date - August 1, 2016	1,278,420	1,364,494
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	133,772	145,066
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	86,734	92,610
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding and effective interest rate of 2.044%. Mortgage renewal date - February 1, 2016	471,754	494,529
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding and effective interest rate of 2.078%. Mortgage renewal date - February 1, 2016	441,680	463,677
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding and effective interest rate of 2.027%. Mortgage renewal date - February 1, 2016	682,265	718,774
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	65,582	70,530
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $34,863 is subsidized by SHC. Yielding and effective interest rate of 1.787%. Mortgage renewal date - December 1, 2013	1,023,861	1,079,419
			$ 5,889,249	$ 6,218,745
		Less: Current Portion	342,493	325,986
			$ 5,546,756	$ 5,892,759

7. Long Term Debt - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years is estimated as follows:

2009	342,493
2010	360,370
2011	378,391
2012	397,333
2013	416,682
2012 and thereafter	3,993,980

8. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 139,687	$ 105,422	$ 145,000	$ 179,265
Primary Care Site Funding	125,000	103,791	189,667	210,876
Team Facilitator Position	104,871	73,310	78,600	110,161
Aboriginal Awareness	12,687	28,670	16,710	727
Professional Development	23,603	23,268	34,748	35,083
Mentorship	-	-	5,075	5,075
Nursing professional development	-	6,605	31,713	25,108
Safety training initiatives	-	-	58,015	58,015
SIMS and PHIS	16,853	2,264	-	14,589
Health Improvement Initiatives	66,106	26,636	-	39,470
Healthline	3,104	1,287	-	1,817
MDS for Home Care	50,456	5,184	-	45,272
Project Hope	23,684	82,703	70,000	10,981
Quality Workplace Initiative	33,202	8,084	34,748	59,866
Planning for Community Supports	3,499	109	-	3,390
Youth Drug Detox	34,768	81,957	101,000	53,811
Facility Assessment Audits	85,000	101,614	20,000	3,386
Total Sask Health	**$ 722,520**	**$ 650,904**	**$ 785,276**	**$ 856,892**
Other Initiatives				
Other Revenue received in advance	**1,413**	**3,621**	**26,195**	**23,987**
Total Deferred Revenue	**$ 723,933**	**$ 654,525**	**$ 811,471**	**$ 880,879**

9. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	2008	2007 (Note 10)
Revenues		
Medical Services Branch	$ 107,114	$ 101,644
Saskatchewan Government Insurance	170,755	157,216
Saskatchewan Health	347,376	366,824
Senior Citizen's Ambulance Assistance Program	725,367	662,490
Workers' Compensation Board	207,107	189,696
	$ 1,557,719	$ 1,477,870
Expenses		
Canadian Mental Health Association	$ 108,036	$ 104,889
Fillmore Ambulance	73,260	73,260
Public Employees Pension Plan	172,316	200,722
Public Service Superannuation Board	53,017	82,229
Radville Marian Health Centre	2,803,128	2,754,171
Regina Qu'Appelle Health Region	126,506	119,577
Saskatchewan Association of Health Organizations	4,029,775	4,289,673
Saskatchewan Health Employees Pension Plan	6,382,826	5,739,074
Saskatchewan Power Corporation	955,898	932,760
Saskatchewan Property Management	758,329	788,287
Saskatchewan Telecommunications	403,915	360,046
SaskEnergy Incorporated	726,772	560,726
SMILE Services Inc.	51,709	50,196
St. Joseph's Hospital	13,267,757	13,050,102
Supreme Ambulance (Carlyle)	307,769	281,159
The Border-line Housing Company (1975) Ltd	1,298,716	1,250,054
Weyburn Group Home Society	243,390	208,217
Workers' Compensation Board	1,239,142	1,303,369
	$ 33,002,261	$ 32,148,511

9. *a) Related Party Transactions - continued*

	2008	2007
Trade Accounts Receivable		
Senior Citizen's Ambulance Assistance Program	$ 184,910	$ 56,476
Saskatchewan Government Insurance	125,270	-
	$ 310,180	$ 56,476
Prepaid Expenses		
Workers' Compensation Board	$ -	$ 99,886
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 140,347	$ 342,811
Saskatchewan Health	10,430	59,463
Saskatchewan Health Employees Pension Plan	747,944	695,585
Saskatchewan Power Corporation	68,022	67,309
Saskatchewan Property Management	70,472	95,134
SaskEnergy Incorporated	89,351	84,279
St. Joseph's Hospital	187,432	97,541
Workers' Compensation Board	324,705	-
	$ 1,638,703	$ 1,442,122

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The SCRHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2008	2007
Canadian Mental Health Association	$ 108,036	$ 104,889
Fillmore Ambulance	73,260	73,260
SMILE Services Inc.	51,709	50,196
Supreme Ambulance (Carlyle)	307,769	281,159
Weyburn Group Home Society Inc.	240,437	208,217
	$ 781,211	$ 717,721

9. *b) Health Care Organizations - continued*

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2008	*2007*
St. Joseph's Hospital	$ 12,889,656	$ 12,941,742
Radville Marian Health Centre	2,802,783	2,754,171
The Border-line Housing Company (1975) Ltd.	1,298,716	1,250,054
Total	$ 16,991,155	$ 16,945,967

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2008 and 2007 and for the years then ended:

	Total 2008	*Total 2007*
Balance Sheet		
Assets	$ 3,419,208	$ 3,627,240
Net Capital Assets	24,257,623	23,661,082
Total Assets	$ 27,676,831	$ 27,288,322
Total Liabilities	3,585,202	3,311,229
Total Net Assets	24,091,629	23,977,093
	$ 27,676,831	$ 27,288,322
Results of Operations and Fund Balances		
SCRHA Grant	$ 16,886,506	$ 16,945,967
Other Revenue	5,730,614	4,368,621
Total Revenue	$ 22,617,120	$ 21,314,588
Salaries & Benefits	17,078,363	16,049,859
Other Expenses *	5,390,998	5,034,657
Total Expenses	22,469,361	21,084,516
Excess (Deficiency) Revenue over Expenses	$ 147,759	$ 230,072

* Other Expenses includes amortization of $1,273,822 (2007 - $1,092,678)

Cash Flows		
Cash from Operations	$ 1,055,629	$ 2,147,015
Cash used in Financing Activities	(4,760)	(4,401)
Cash used in Investing Activities *	(2,084,706)	(1,288,150)
Increase (Decrease) in Cash	$ (1,033,837)	$ 854,464

* Cash used in Investing Activities includes capital purchases of $2,093,098 (2007 - $1,273,609)

9. *b) Health Care Organizations - continued*

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2008	*2007*
Redvers & District Community Health Foundation Inc.	$ 35,217	$ 15,932
Coronach and Area Health Care Foundation	$ 10,886	-
Kipling District Health Foundation Inc.	-	777

10. Comparative Information

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

11. Pension Costs

Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Service Superannuation Plan (a related party) which is a defined benefit plan and the responsibility of the Province of Saskatchewan.

iii) The Public Employees' Pension Plan (a related party) which is a defined contribution plan and the responsibility of the Province of Saskatchewan.

For SHEPP, the financial obligation of the SCRHA is 1.12 times the amounts contributed by employees for current services. For the Public Service Superannuation Plan the financial obligation of the SCRHA is 3.58 (2007 – 3.53) times the amounts contributed by employees for current services. The Public Employees' Pension Plan, the financial obligation of the SCRHA is limited to matching the amounts contributed by employees for current services.

The pension expense for the year amounted to $3,535,188 (2007 - $3,569,127), and is included in Employee Benefits in Schedule 1.

SHEPP – Contribution rates are as follows:
5.85% (2007–5.85%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
7.35% (2007–7.35%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)
Public Service Superannuation Plan:
Contribution rates are 7.00% (2007 – 7.00%) of pensionable earnings.
Public Employees Pension Plan:
Contribution rates are 5.00% (2007 – 5.00%) of pensionable earnings.

12. Budget

The SCRHA Board approved the 2007-2008 budget on May 30, 2007.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Cash and short term investments
Accounts receivable
Accounts payable
Accrued salaries and vacation payable

ii) For investments, the fair value is based on quoted market prices where available.

iii) The fair value of mortgage payable before the repayment required within one year, is $5,775,200 (2007 $5,821,900) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2007 and 2008.

e) Other Financial Instruments

The SCRHA classifies its financial instruments into one of the following categories: held-for-trading, held-to-maturity, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act.

Cash is classified as held-for-trading. Accounts receivable and loans receivable are classified as loans and receivables. The carrying value approximates fair value due to the short-term nature of these instruments.

Investments in money market funds are classified as held-for-trading and recorded at fair market value. All other investments are classified as held-to-maturity assets and recorded at amortized cost.

Accounts payable, accrued salaries and vacation payable are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

Mortgages payable and obligation under capital lease are classified as other liabilities and recorded at amortized cost. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate

method.

14. Interfund Transfers

Each year the SCHRA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (68,790)	$ 213,148	$ (144,358)	$ (713,128)	$ 907,846	$ (194,718)
SHC reserves - Allocation	(105,488)	105,488	-	(105,488)	105,488	-
SHC reserves - R & M	44,928	(44,928)	-	10,450	(10,450)	-
SHC reserves - Transfers	-	-	-	1,939	(1,939)	-
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	50,000	-
Unrestrict internal Funds	200,000	(200,000)	-	-	-	-
Interfund Loan pmt	-	-	-	(66,305)	66,305	-
	$ 20,650	$ 148,708	$ (169,358)	$ (922,532)	$ 1,117,250	$ (194,718)

15. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The cost of these cannot be reasonably determined at this time.

17. Change in Accounting Policy

Effective April 1, 2007, the RHA adopted the new CICA Handbook Section 3855 – Financial Instruments – Recognition and Measurement, Section 3862 – Financial Instrument – Presentation and Section 3863 – Financial Instruments – Disclosure.

Upon the adoption of the new standards, there was no opening transition adjustment for fair value adjustments on held for trading instruments.

18. Prior Period Adjustment

The salary accrual for employee banked time from overtime, statutory holidays or earned time off was not accrued in the past. The financial statements of 2007 have been restated to correct this error. The effect of the restatement on those financial statements is summarized below. There is no effect in 2008.

	2007
Statement of Operations and Changes in Fund Balances:	
(Increase) in Acute Care Services	$ (32,176)
(Increase) in Supportive Care Services	(86,588)
(Increase) in Home Based Services - Supportive Care	(14,780)
(Increase) in Population Health Services	(29,290)
(Increase) in Community Care Services	(3,054)
(Increase) in Home Based Services - Acute & Palliative	(1,147)
(Increase) in Primary Health Care Services	(2,732)
(Increase) in Emergency Response Services - RHA	(23,387)
(Increase) in Mental Health Services - Inpatient	(32,382)
(Decrease) in excess (deficiency) of revenues over expenses	$ (225,536)
Schedule 1 - Schedule of Expenditures Classified by Object	
(Increase) in Compensation - Salaries	$ (225,536)
Statement of Financial Position	
(Increase) in Accrued Salaries and Benefits	(225,536)
(Decrease) in Unrestricted Fund Balance	$ (225,536)

Schedule 1

Schedule of Expenses Classified by Object

	Operating Fund		(restated)
	2008 Budget (Note 12)	2008 Actual	2007 Actual (Note 18)
Operating:			
Board Costs	$ 120,549	108,813	116,612
Compensation - Benefits (Note 11)	11,490,363	11,464,399	10,818,480
Compensation - Salaries	63,094,724	63,408,943	58,837,912
Diagnostic Imaging Supplies	87,560	64,142	76,478
Drugs	560,544	475,368	487,468
Food and Dietary	1,394,093	1,365,769	1,342,571
Grants to Ambulance Services	337,866	381,029	354,419
Grant to Third Parties	16,668,486	16,797,081	16,052,145
Housekeeping and Laundry	293,758	288,055	285,636
Information Technology Contracts & Licenses	312,952	283,472	286,332
Insurance	283,286	318,668	289,509
Interest	9,921	9,031	8,934
Laboratory Supplies	476,776	488,709	482,599
Medical and Surgical Supplies	1,415,432	1,450,930	1,294,463
Medical Remuneration and Benefits	1,840,207	1,839,723	1,709,593
Office and General Supplies	548,316	542,185	524,972
Other	1,349,148	1,546,494	1,254,301
Other Referred Out Services	895,916	914,527	770,829
Professional Fees	760,007	1,093,849	1,038,406
Prosthetics	-	-	-
Purchased Services	489,161	499,349	420,960
Rent/Lease/Purchase	688,970	778,365	975,525
Repairs and Maintenance	941,131	1,234,314	1,289,205
Service Contracts	433,203	471,446	393,474
Travel	1,042,199	1,266,989	1,153,973
Utilities	2,057,301	2,174,742	1,988,819
	$ 107,591,869	109,266,392	102,253,615
Restricted:			
Amortization of Capital Assets		$ 2,760,825	2,883,767
Mortgage Interest Expense		304,167	334,048
Grants to Third Parties		639,904	1,296,025
Other		378,901	168,094
		$ 4,083,797	4,681,934

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

As at March 31, 2008

Schedule 2

Schedule of Cash and Investments

	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS						
Externally Restricted Cash and Investments - Community Trust (schedule 3)						
Creighton Lodge - Spectra Credit Union	$ 57,664	$ -	$ 57,664			
Midale Area Trust						
Midale Credit Union - Term Certificate	$ 120,000	$ -	$ 120,000	May 1, 2008	3.350%	3.350%
Midale Credit Union - Term Certificate	100,000	-	100,000	December 15, 2008	3.350%	3.350%
Midale Credit Union - Term Certificate	-	150,000	150,000	August 11, 2009	3.800%	3.800%
Midale Credit Union - Term Certificate	-	140,000	140,000	September 5, 2009	3.800%	3.800%
Midale Credit Union - Term Certificate	-	200,000	200,000	June 15, 2010	3.400%	3.400%
Midale Credit Union - Term Certificate	-	50,000	50,000	August 23, 2010	3.800%	3.800%
Midale Credit Union - Term Certificate	-	50,000	50,000	October 21, 2010	3.600%	3.600%
Midale Credit Union - Plan 24	218,240	-	218,240			
	$ 438,240	$ 590,000	$ 1,028,240			
Oxbow Area Trust - Spectra Credit Union	$ 210,878	$ -	$ 210,878			
Gainsborough Area Trust						
Prairie Pride Credit Union - Term Certificates	$ 6,000	$ -	$ 6,000	January 13, 2008	3.250%	3.250%
Prairie Pride Credit Union - Term Certificates	19,000	-	19,000	June 1, 2008	3.800%	3.800%
Prairie Pride Credit Union - Term Certificates	25,967	-	25,967	August 31, 2008	3.500%	3.500%
Prairie Pride Credit Union - Term Certificates	170,000	-	170,000	September 10, 2008	3.750%	3.750%
Prairie Pride Credit Union - Term Certificates	90,089	-	90,089	October 3, 2008	3.500%	3.500%
Prairie Pride Credit Union - Term Certificates	30,000	-	30,000	November 13, 2008	3.250%	3.250%
Prairie Pride Credit Union - Term Certificates	42,000	-	42,000	November 21, 2008	3.750%	3.750%
Prairie Pride Credit Union - Term Certificates	11,464	-	11,464	November 28, 2008	4.000%	4.000%
Prairie Pride Credit Union - Term Certificates	18,000	-	18,000	January 8, 2009	3.300%	3.300%
Prairie Pride Credit Union - Term Certificates	160,000	-	160,000	January 17, 2009	3.350%	3.350%
Prairie Pride Credit Union - Term Certificates	27,000	-	27,000	March 16, 2009	3.650%	3.650%
Prairie Pride Credit Union - Term Certificates	-	15,400	15,400	May 1, 2009	3.500%	3.500%
Prairie Pride Credit Union - Term Certificates	-	298,000	298,000	July 31, 2009	3.800%	3.800%
Prairie Pride Credit Union - Term Certificates	-	66,000	66,000	August 3, 2009	3.800%	3.800%
Prairie Pride Credit Union - Term Certificates	-	17,500	17,500	February 12, 2011	3.370%	3.370%
Prairie Pride Credit Union - Term Certificates	-	18,803	18,803	February 21, 2011	3.250%	3.250%
Prairie Pride Credit Union - Chequing	40,818	-	40,818			
	$ 640,338	$ 415,703	$ 1,056,041			
Lampman Area Trust - Spectra Credit Union - Chequing	$ 56,398	$ -	$ 56,398			
Fillmore Area Trust						
RBC Investment Account	$ 28,390	$ -	$ 28,390			
Royal Bank - Money Maker Plus	65,000	-	65,000			
Canada Savings Bond	40,000	-	40,000			
Royal Bank	97,608	-	97,608			
	$ 230,998	$ -	$ 230,998			
Coronach Trust - CIBC	$ 69,256	$ -	$ 69,256			
Total Community Trust Externally Restricted Funds	**$ 1,703,772**	**$ 1,005,703**	**$ 2,709,475**			

(See accompanying notes)

Schedule of Cash and Investments - continued

	Cash & Short Term Investments	Long Term Investments	Total
RESTRICTED CASH AND INVESTMENTS - continued			
Externally Restricted Cash and Investments - Operating Fund (schedule 3)			
Weyburn General Hospital - Palliative	$ 3,395	$ -	$ 3,395
Wood Gundy	585	-	585
CIBC Money Market Fund	463,210	-	463,210
Spectra Credit Union	83,552	-	83,552
Total Operating Externally Restricted Funds	**$ 550,742**	**$ -**	**$ 550,742**
Internally Restricted Cash and Investments - Operating Fund (schedule 4)			
Spectra Credit Union	$ 9,331	$ -	$ 9,331
Total Operating Fund Internally Restricted	**$ 9,331**	**$ -**	**$ 9,331**
Total Operating Fund Restricted Cash and Investments	**$ 560,073**	**$ -**	**$ 560,073**
Externally Restricted Cash and Investments - Capital Fund (schedule 3)			
WGH Building Fund	$ 563,697	$ -	$ 563,697
WGH - Lottery	17,830	-	17,830
Spectra Credit Union	1,801,768	-	1,801,768
Total Capital Externally Restricted Funds	**$ 2,383,295**	**$ -**	**$ 2,383,295**
Internally Restricted Cash and Investments - Capital Fund (schedule 4)			
CIBC Money Market Fund	111,230	-	111,230
Spectra Credit Union	267,176	-	267,176
Total Capital Fund Internally Restricted	**$ 378,406**	**$ -**	**$ 378,406**
Total Capital Fund Restricted Cash and Investments	**$ 2,761,701**	**$ -**	**$ 2,761,701**
Total Restricted Cash and Investments	**$ 5,025,546**	**$ 1,005,703**	**$ 6,031,249**

Estimated Fair Market Values for Restricted Cash and Investments	*2008*	*2007*
Cash and Short Term Investments (approximates face value)	$ 5,025,546	$ 3,942,663
Long Term Investments (approximates face value)	1,005,703	1,267,400
	$ 6,031,249	$ 5,210,063

	Cash & Short Term Investments	Long Term Investments	Total
UNRESTRICTED CASH AND INVESTMENTS			
Spectra Credit Union	$ 4,467,755	$ -	$ 4,467,755
Co-op Equity	-	15,769	15,769
CIBC T-Bill Fund	67,588	-	67,588
Total Unrestricted Cash and Investments	**$ 4,535,343**	**$ 15,769**	**$ 4,551,112**

Estimated Fair Market Values for Unrestricted Cash and Investments	*2008*	*2007*
Cash and Short Term Investments (approximates face value)	$ 4,535,343	$ 3,154,453
Long Term Investments (approximates face value)	15,769	12,884
	$ 4,551,112	$ 3,167,337

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2008

Schedule 3

Schedule of Changes in Externally Restricted Fund Balances

	Balance Start of Year	Investment & Other Revenue	Donations	Expenses	Contributions (Withdrawals)	Balance End of Year
Operating Fund:						
Arcola Health Centre	$ 119,632	4,412	3,601	(19,164)	-	108,481
Deerview Lodge	8,842	418	1,615	(1,735)	-	9,140
Estevan Regional Nursing Home	7,962	392	2,449	(1,448)	-	9,355
Fillmore Health Centre	16,840	1,003	30,189	(21,438)	-	26,594
Galloway Oxbow	1,905	9	120	(2,034)	-	-
Home Care	198,125	9,428	19,658	(3,501)	-	223,710
Kipling Health Centre	920	3	4,423	(5,346)	-	-
Moose Mountain Lodge	42,052	1,792	8,916	(21,806)	-	30,954
Newhope Pioneer Lodge	6,381	255	3,201	(5,002)	-	4,835
Public Health Services	4,091	15	-	(4,106)	-	-
Redvers Centennial Haven	6,025	236	4,284	(4,837)	-	5,708
Tatagwa View	56,366	704	4,718	(44,018)	-	17,770
Tatagwa View - Therapeutic Park	8,236	328	17,730	(18,652)	-	7,642
Weyburn General Hospital	11,596	714	7,540	(3,621)	-	16,229
Weyburn Palliative Care	25,936	1,153	4,750	(9,400)	-	22,439
Weyburn Special Care Home Education	36,010	1,501	2,993	(5,435)	-	35,069
Other communities	25,956	1,251	32,487	(26,878)	-	32,816
	576,875	**23,614**	**148,674**	**(196,421)**	**-**	**550,742**
Capital Fund:						
Arcola Health Centre	12,359	617	5,530	-	-	18,506
Coronach Health Centre	-	-	13,009	(13,009)	-	-
Estevan EMS	159	-	-	(159)	-	-
Redvers Health Centre	6,889	172	26,788	(33,849)	-	-
Saskatchewan Health Capital Funding (Note 4)	339,337	-	2,131,831	(1,056,426)	-	1,414,742
Tatagwa View	10,287	412	18,000	(14,498)	-	14,201
Weyburn General Hospital Building	537,855	25,842	-	-	-	563,697
Weyburn General Hospital Equipment	355,493	15,803	47,950	(47,097)	-	372,149
	1,262,379	**42,846**	**2,243,108**	**(1,165,038)**	**-**	**2,383,295**
Community Trust Fund:						
Coronach Trust Fund	67,038	2,048	-	171	-	69,257
Fillmore Area Trust Fund	228,964	3,298	-	(32,462)	(72,343)	127,457
Gainsborough Area Trust	1,051,242	36,813	959	(16,774)	(10,000)	1,062,240
Lampman Area Trust Fund	53,131	401	2,869	(3,333)	-	53,068
Midale Area Trust Fund	1,175,182	37,294	262,606	(295,290)	(55,449)	1,124,343
Oxbow Area Trust Fund	210,444	10,151	12,323	(5,455)	(31,566)	195,897
Creighton Lodge Trust Fund	56,129	2,493	7,649	(25,758)	-	40,513
	2,842,130	**92,498**	**286,406**	**(378,901)**	**(169,358)**	**2,672,775**
	$ 4,681,384	**158,958**	**2,678,188**	**(1,742,360)**	**(169,358)**	**5,606,812**

(See accompanying notes)

Schedule 4

Schedule of Changes in Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Transfer from unrestricted fund annual allocation	Transfer to unrestricted fund Expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ 6,930	328	6,540	(7,533)	-	6,265
Weyburn Special Care Home	56,554	2,678	44,968	(29,159)	-	75,041
Estevan Regional Nursing Home	-	-	15,500	(1,408)	-	14,092
Newhope Pioneer Lodge	99,100	4,692	10,000	(18,892)	-	94,900
Wawota Deerview Lodge	20,025	948	7,745	(2,377)	-	26,341
Carlyle Moose Mountain Lodge	30,514	1,445	8,235	(40,194)	-	-
Kipling Willowdale Lodge	-	-	6,500	-	-	6,500
Redvers Centennial Haven	12,664	600	6,000	(5,677)	-	13,587
Other						
Emergency Medical Services Vehicles	82,163	4,067	75,000	(19,550)	-	141,680
Redvers Building	200,000	-	-	(200,000)	-	-
Total Capital Internally Restricted Fund Balances	**507,950**	**14,758**	**180,488**	**(324,790)**	**-**	**378,406**
Operating Internally Restricted Fund Balances						
Quality Workplace	8,903	428	-	-	-	9,331
Total Operating Internally Restricted Fund Balances	**8,903**	**428**	**-**	**-**	**-**	**9,331**
Total Internally Restricted Fund Balances	$ **516,853**	**15,186**	**180,488**	**(324,790)**	**-**	**387,737**

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2007 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2008

Schedule 5

Board Member Remuneration

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2008 Total	2007 Total
Chairperson:								
Kickley, Earl	$ 9,960	$ 9,600	$ 4,444	$ 5,900	$ 82	$ -	$ 29,986	$ 34,234
Board Member:								
Arthur, Alan J.	-	2,725	1,263	1,515	-	56	5,559	8,957
Bauche, Sharon R.	-	4,500	2,475	4,025	-	-	11,000	10,424
Bieberdorf, Natalie	-	-	-	-	-	-	-	2,048
Dash, Rita	-	5,928	4,768	6,230	-	364	17,290	18,047
Gallaway, Marguerite	-	2,150	500	532	54	-	3,236	2,978
Kerr, Dave	-	5,863	463	776	4	-	7,106	5,640
Koszman, Maurice W.	-	4,600	400	3,127	-	70	8,197	5,630
McFarlane, Jack	-	2,375	1,450	2,473	96	11	6,405	7,952
Palmer, Vern	-	3,300	1,688	2,589	41	73	7,691	8,345
Standing Ready, Darlene	-	2,463	1,394	2,392	-	40	6,289	5,308
Ward, Larry	-	3,825	1,025	1,699	-	84	6,633	7,178
Total	$ 9,960	$ 47,329	$ 19,870	$ 31,258	$ 277	$ 698	$ 109,392	$ 116,741

Senior Management Salaries, Benefits, Allowances, and Severence

	2008					2007		
Senior Employees	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severence Amount	Total	Salaries, Benefits & Allowances	Severence	Total
Calvin Tant, CEO	$ 171,326	$ -	$ 171,326	$ -	$ 171,326	$ 144,509	$ -	$ 144,509
Margaret Cugnet, VP Primary & Integrated Health Care	123,599	-	123,599	-	123,599	113,680	-	113,680
Ken Adams, VP Finance & Corporate Services (3)	123,599	-	123,599		123,599	64,711	-	64,711
Lloyd Searcy, VP Corporate & Financial Services (3)	-	-	-	-	-	18,736	-	18,736
Janice Giroux, VP Community Programs	123,504	-	123,504	-	123,504	114,929	-	114,929
Don Ehman, VP Human Resources	123,599	-	123,599	-	123,599	114,929	-	114,929
Murray Goeres, Director of Facilities	99,586	-	99,586	-	99,586	89,420	-	89,420
	$ 765,213	$ -	$ 765,213	$ -	$ 765,213	$ 660,914	$ -	$ 660,914

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

(3) Ken Adams started September 11, 2006, replacing Lloyd Searcy.

(See accompanying notes)

SunCountry
HEALTH REGION

Vision

"Healthy People in Healthy Communities"

Mission

Sun Country Regional Health Authority exists so that there will be:

- Optimum health throughout lifespan;
- Primary Health Care available to everyone within the Region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.